

Camp Lutherwood Oregon

Mail In Giving Form

Donor Name (Mr./Mrs./Ms./Dr.): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Email: _____

Enclosed is a gift of \$ _____

- Where it is needed most
- Other _____

This gift is:

- In memory of (name): _____
- In honor of (name): _____

Please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Email: _____

Occasion/Instructions: _____

Payment Method

- Check enclosed (make payable to Camp Lutherwood Oregon)
- Please charge my credit card
 - Visa
 - MasterCard
 - American Express
 - Discover

Account number: _____ 3 Digit CSV Code: _____

Expiration Date: _____ Signature: _____

I would like to join Milo's Club with a recurring gift of \$ _____

- Charge this amount to my credit card monthly.
- Charge this amount to my credit card quarterly.
- Charge this amount to my credit card annually.

To set up a recurring gift through my bank account, please provide the following information:

Bank: _____ Account Number: _____

Routing Number: _____

Signature: _____ Monthly__ Quarterly__ Annually__



Please make checks payable to Camp Lutherwood Oregon

P.O. Box 314

Cheshire OR, 97419

phone: 541-998-6444 | fax: 541-998-7164