



Together, We Are Camp Olson!

Enclosed is my tax-deductible gift in support of Camp Olson and its excellent programming and staffing.

- | | | |
|---------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> \$50/month (\$600) | <input type="checkbox"/> \$50. (single donation) | <input type="checkbox"/> Other monthly gift: \$_____ / month |
| <input type="checkbox"/> \$35/month (\$420) | <input type="checkbox"/> \$75 (single donation) | <input type="checkbox"/> Other: \$_____ |
| <input type="checkbox"/> \$25/month (\$300) | <input type="checkbox"/> \$100 (single donation) | <input type="checkbox"/> My employer will match my contribution. Form enclosed. |

Camp Olson YMCA is a 501(c)3 organization. Your donation is tax deductible to the fullest extent allowed by law.

Name _____

Address _____

City, State _____ Zip _____

Phone (cell) _____ (LL) _____

E-mail _____

I was a camper (years) _____

I was a Camp Olson staff member (years) _____

Payment Method

- Check: Make payable to Camp Olson YMCA
- Credit Card # _____

Exp. date _____ CVW Code _____
3-digit # on back of card

I hereby authorize Camp Olson to charge my account each month

beginning _____ / _____ and ending _____ / _____
month year month year

Signature _____ Date _____

On behalf of the Camp Olson Board of Directors, **THANK YOU!** You also can donate online at www.campolson.org and



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