



Annual Fund Contribution Form

In support of ACA's mission to enrich the lives of children, youth, and adults through the camp experience, I would like to make a contribution to the American Camp Association Annual Fund in the amount of:

\$1500 \$1000 \$750 \$500 \$250 \$100 Other \$ _____

Donor Name: _____

Address: _____

Phone: _____ E-mail: _____

Check Enclosed (Please make checks payable to American Camp Association)

Visa Discover Amex MasterCard

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

Cardholders Signature: _____

I would like my acknowledgement to read as follows: _____

Please mail this form to:

Attn: Annual Fund
American Camp Association
5000 State Road 67 North
Martinsville, IN. 46151

Thank you for your contribution!