

CAMP ARCADIA DONATION FORM

Name of Donor(s) _____ Today's Date _____

Address , City, State and Zip _____

One-Time Donation

Enclosed is my one-time donation of \$ _____

If you would like to use Visa/MasterCard/Discover please fill out the information below:

Credit Card Number _____ Exp. Date (mm/yy) _____

Signature _____

Recurring Monthly Donation

Monthly Donation Amount \$ _____

"I authorize Lutheran Camp Association to automatically withdraw donations/payments from my account on the 15th of each month. This authority will remain in effect until I give reasonable notification to terminate the authorization."

Signature _____

Recurring Monthly Payment - Option 1:

Please withdraw money from my: Checking Account Savings Account
(if convenient, please attach a voided check to this form for clarification)

Routing Number _____

Account Number _____

OR

Recurring Monthly Payment - Option 2:

Visa/MasterCard/Discover Number _____

Credit Card Exp. Date (mm/yy) _____

Thank you very much!

Please mail this form to:
Camp Arcadia PO Box 229 Arcadia MI 49613