

# 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) \_\_\_\_\_

CVV Code (three digits) \_\_\_\_\_ 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) \_\_\_\_\_ CVV Code (three digits) \_\_\_\_\_

**Thank you very much!**

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