

**Galilean** Bible Camp **DONATION FORM**

Galilean Bible Camp, PO Box 459, Blind River, ON P0R 1B0

(PLEASE PRINT)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Street: \_\_\_\_\_

Suite/Apt #: \_\_\_\_\_ PO Box #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Gift Amount:**

\$25       \$50       \$75       \$100       other \$ \_\_\_\_\_

**Payment Type:** (PAYABLE TO GALILEAN BIBLE CAMP)

Cheque       Cash       Money order

**Fund:** All donations made will go towards the General Fund unless otherwise specified below:

Yes, I wish to give this gift:     In Honour     In Memory     Best Wishes     Thank You

Of/to: \_\_\_\_\_

Yes, I wish an acknowledgment card be sent out to the following address:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How would you like the card signed? \_\_\_\_\_