Camp Kawartha

Fostering environmental stewards— one child at a time…

Make your monthly gift today *and help provide* Camp Kawartha *with a reliable source of revenue to plan for the future.*

Three great reasons to join our monthly giving program:

- ***Send a child to camp and change their world***
- ***Educate future caretakers of our earth***
- ***Support green infrastructure***

Three ways to set up your pre-authorized monthly donation:

- Go to **www.campkawartha.ca/donate**
- Call our Administration office at 705-652-3860
- Fill out this monthly donation form and send it to Camp Kawartha by mail, fax, or email.

To change your monthly donation amount, update your credit card or banking information, unsubscribe from our mailing list, or learn more about our programs, contact Camp Kawartha at:

1010 Birchview Road, Douro-Dummer, ON K0L 2H0
705-652-3860 Toll-free: 1-866-532-4597
Fax: 705-652-1500
info@campkawartha.ca

Please note that it may take up to two weeks for your information to be changed in our system.

"We wish to thank you for your generous gift. My son gained so much from having the opportunity to attend camp. He had an amazing time and such a positive camp experience. It was a huge boost to his confidence and was fun filled."

Protecting the Earth means the world to our children

YES! I would like to support **Camp Kawartha** with my **MONTHLY tax deductible gift** of:

❑$10 ❑$20 ❑$35 ❑$50 ❑Other $_____

Please allocate to: ❑Camper Subsidies ❑Student Subsidies ❑Green Infrastructure

Name *(Please print clearly)*: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Email: _____

May we acknowledge your gift by listing your name in our annual report or on our website? ❑Yes ❑No

Payment Details:

This donation is on behalf of a (check one): ❑Individual ❑Business Date:_____

Pre-Authorized Debit: (attach VOID *cheque*)

I/We authorize Camp Kawartha to debit the bank account identified on the 28th of each month or the next business day. You, the Payor, may revoke your authorization at any time (in writing or by phone), subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Credit Card: ❑Visa ❑MasterCard ❑American Express

Card Number:_____ Expiry Date:_____

Signature of Card Holder: _____

Income tax receipts for monthly donations will be sent by mail in February for the previous tax year.
Registered Charitable Number 124539214RR0001