

## **MAIL-IN GIFT FORM**

Please complete this form and mail to Development Office: Camp Kulaqua 23400 NW 212th Ave High Springs, FL 32643 Campkulaqua.com

Personal Information							
Name:							
LAST	MIDDLE	FIRST					
Contact Information							

Address				
City:	State/P	rovince:	Country:	Postal Code:
Phone:		Email:		

<b>Donation Inf</b>	ormation				
				<b>.</b>	• "
Amount: \$1000	\$500	_ \$200	\$100	\$50	Other
How would you like Kulaqua Anr Worthy Cam Lion Enclosu Middag Nate Wildlife Sanc Wildlife Sanc Young at He New Entranc	nual Fund aper Scholarship ure Center tuary orship Fund art ce and Paved R	Fund (\$50			
Check: (Enclosed Credit Cards:		yable to (	Camp Kulaqua)		
Credii Caras:	Vis	a	_Master Card	Disco	over
Crec	lit Card Numb	er:			
Expi	ration Date:	/		CVV#	
Nam	ne as it appear	s on card	:		
Sign	ature:				
TI	hank you for yo	ur generos	ity. We apprecia	te your supp	oort!
CHERNER			AACP Association of Adventist Comp Professionals		