TIMBERTOP CAMP

P.O. Box 423 ● Plover, WI 54467 ● 715-869-6262 www.timbertopcamp.orq ● info@timbertopcamp.orq



DONATION/SPONSORSHIP INFORMATION AND DESIGNATION

Thank you for considering a donation to Timbertop Camp. Please fully complete the following form and return it along with your donation, or contact us for other options.

| DONOR/SPONSOR INFORMATION Organization or Individual Name: | |
|--|---|
| Contact Person: | |
| Mailing Address: | |
| Day Phone Number: | |
| Email(s): | |
| ☐ Total Donation/Sponsorship Amount Enclose | |
| ☐ Charge My: ☐ Visa ☐ MasterCard ☐ Discover C Will you help us further, by covering the 3% card proc | |
| Amount to be charged: \$+3% PayPal fe | ee (optional): \$ TOTAL \$ |
| Card Holder Name: | Card #: |
| Security Code: Exp. Date: | Billing Zip: |
| Signature: | |
| our general operations and/or the Climb Higher Sc support critical needs such as; insurance, administ materials. Climb Higher Scholarship donations su assistance to attend Timbertop Camp. Will you co donate to Timbertop General Operations and/or YES (If yes check one or both boxes, to General Operations General Operations Climb Higher Scholarship NO (If no, continue to question 2 or second support of the second support of the second support of the second support support of the second support support of the second support sup | opportunities for Timbertop Campers is to support cholarship Fund. General Operation donations tration costs, promotional expenses and program upport non-specific youth who are in need of financial ombine your efforts with other supporters and the Climb Higher Scholarship Fund? Then skip to question 4.) Fund 3 to designate your donation.) onsor, please complete the blanks below. We must articipants before June 1. After June 1 your |
| sponsorship gift will be shifted to a new participal | · |
| Camper Name #1:Address: | |
| | Parent(s) Name: |
| Sponsorship Amount \$ | |

| | Camper Name #2: | | Birth Date: |
|------------|---|--|--|
| | Address: | | |
| | | Parent(s) N | ame: |
| | Sponsorship Amount \$ | | |
| | Camper Name #3: | | Birth Date: |
| | Address: | | |
| | | Parent(s) N | ame: |
| | Sponsorship Amount \$ | | |
| 3. | GUIDED CAMPER SUPPORT If you have a specific youth profile that you would like to sponsor, please indicate your sponsorship guidelines below. We will attempt to match your needs to scholarship applicants. If a match is not made by June 1 your sponsorship gift will be shifted to a new participant or the Climb Higher Scholarship Fund. | | |
| | ☐ We would like to sponsor | youth from | County/City/State. |
| | ☐ We would like to sponsor | youth under these guidelines | |
| dir a c | | rith learning disabilities. Your gift t me tax purposes. Please consult w | to Timbertop Camp may qualify as ith your tax advisor or the IRS to mp.org/support-camp/ |
| 4. | • • • | RT! would like to thank you publicly for ence! If you Do Not want to be pu | |
| | Please indicate how you would | ike your name to appear on publ | lic materials: |
| | | uld like a hyperlink: | |
| | | OFFICE USE - Thank You! | |
| \$ F | Paid & Date: | \$ Paid & Date: | |
| No | tes: | | |