



**Allen H. Stewart Lions Camp Challenge**  
**\$50 per Year Member Form**

PO Box 436  
Casper, WY 82602

**Contributor Information**

(Your personal information is kept confidential.)

Last Name: \_\_\_\_\_, First Name \_\_\_\_\_, MI \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_, Zip \_\_\_\_\_  
Telephone Numbers: Home/Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_  
I would prefer that my contribution and/or my name be kept confidential. \_\_\_\_

**Pledges**

**Choose one:**

\_\_\_ A one-time pledge, in the amount of \$250

**OR**

\_\_\_ A sum of \$50 per Year, for a total of \$250

**OR**

\_\_\_ Other amount \$ \_\_\_\_\_ per Year for a total of \$ \_\_\_\_\_

(To be completed prior to December 31, 2026)

**Method of Payment**

Check enclosed. Please make checks payable to AHS Lions Camp Challenge  
Please bill my credit card: Card type VISA Mastercard American Express Discover  
Account number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
CVS Code: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**Please forward completed form and payment to:**

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