

PO BOX 875

Owingsville, KY 40360

 (606) 336-0326

Website: [www.specialneedscamp.org](http://www.specialneedscamp.org)

Thank you for choosing to support Special Needs Camp of KY, Inc.

Please fill out this entire form in order to receive a receipt for your tax deductions. When your donation is received a receipt will be mailed, unless otherwise noted.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount donated: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark how you would like to receive your receipt.

Mail: \_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_ Pick-Up:\_\_\_\_\_\_\_\_ Delivered: \_\_\_\_\_\_\_\_\_

**If you would like to become a yearly financial supporter, please choose one of the following amounts:**

|  |  |
| --- | --- |
| **$25.00 \_\_\_\_\_\_** | **$50.00 \_\_\_\_\_\_** |
| **$100.00 \_\_\_\_\_\_**  | **$200.00 \_\_\_\_\_\_** |
| **$250.00 \_\_\_\_\_\_**  | **$500.00 \_\_\_\_\_\_\_**  |
| **$1,000.00 \_\_\_\_\_\_**  | **Other \_\_\_\_\_\_\_**  |
|  |  |

**Please select your method of payment:**

Check\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_\_\_\_

\*Make checks payable to Special Needs Camp of KY, Inc.\*