

Please mail form (and check) to: Friends of Camp Māk-A-Dream 121 W. Long Lake Road, Suite 120 Bloomfield Hills, MI 48304

Please print clearly. Date:		
This gift is made: (please circle one):	In honor of	In memory of
Name:		
Occasion:		
Please sign the card:		
SEND ACKNOWLEDGMENT CARD	TO:	
Name:		
Address:		
City, State, ZIP:		
SEND RECEIPT TO (Donor Informat	ion):	
Name:		
Address:		Home phone: ()
City, State, ZIP:		
(Receipt will be sent to the address above. Notific	cation of this is gift is se	nt immediately; the amount remains confidential.)
Enclosed is my donation of \$	(Make checks	payable to Friends of Camp Māk-A-Dream)
Or charge my (check one) Uisa	□ MasterCard	$\Box AMEX$
Account number:		Expiration date:
Card holder signature:		
TYPE OF DONATION: (please check one ☐ General Camp Māk-A-Dream Fur ☐ Tony Jacob Memorial Fund ☐ Travel Scholarship (\$500) ☐ I work for a company with a Mate	nd ching Funds Program	

Thank you for your support.

Contributions are tax-deductible to the extent of the law. Tax ID# 38-3293974. If you would like more information, please call (248) 723-5575 or info@campdreammich.org.