

I Believe In Camp: Monthly Giving to Camp Io-Dis-E-Ca



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

SIGNATURE: _____

(Sign if submitting credit card information)

Amount Per Month: \$25 \$50 \$100 Other \$ _____

Payment Method: Credit Card Monthly Check

Visa MasterCard Discover AMEX

Card Number:

----- EXP DATE: ____ / ____ 3-DIGIT SEC CODE _____

If monthly check, I will send my check on the _____ of each month.

If card, please take my payment out on the _____ of each month.

Please send to:

Camp Io-Dis-E-Ca
3271 Sandy Beach Rd. NE
Solon, IA 52333

THANK YOU!