

Fuego THE CAMP FUEGO CONTRIBUTION FORM

Contributions can also be made at www.campfuego.com/give

1. DONOR OF CONTRIBUTION

Type of Donor (Check One): Individual Business Charitable Organization/Foundation Other

Name: _____

Billing Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Postal Code: _____

Daytime Phone: _____ Email Address: _____

2. CONTRIBUTION DESIGNATION

- Annual Fund
Fuego4Life Staff Support (Minimum \$4 per month, forever) (\$4/mo - Bronze Member .. \$14/mo - Silver .. \$54/mo - Gold .. \$104/mo - Platinum)
Permanent Student Scholarship Endowment (\$25,000 per Named Endowment)

3. CONTRIBUTION DETAILS

Amount of Contribution
Type of Payment: (Check one) For Security purposes please do not send credit card contributions via email.
Credit Card: VISA MasterCard Discover American Express
Card Number expiration
Check - Payable to "Camp Fuego."
Wire Transfer

4. SHIPPING INFORMATION - Recognition Materials Only

If recognition materials from the contribution are to be sent to anyone other than the donor, please provide recipient's information below:

- Please keep my gift anonymous
Please do not send recognition
Please send recognition materials to the following:

Name: _____

Billing Street: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email Address: _____

5. INDIVIDUAL COMPLETING THIS FORM (if other than donor)

Name: _____ Daytime Phone: _____

Email Address: _____ Date: _____

Mail: Camp Fuego, Inc., 305 Market Street Ste 777, Shreveport, LA 71101, USA Email: gifts@campfuego.com

For more information, or to make a contribution by phone: 1-800-478-3755.

The contribution amount may not include the value of any goods or services given to an individual donor in consideration for this contribution.