

Dream On Campaign

Donor Name(s): _____
(Please print as you would like to see your name appear on donor recognition material)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

I/we would like this contribution to remain anonymous



I/We pledge to give \$ _____

- Payment in full enclosed.
- Initial payment enclosed. Balance of pledge will be paid **annually** over 1,2,3 years. (circle one)
- Initial payment enclosed. Balance of pledge will be paid **monthly** over 1,2,3 years. (circle one)

I am paying by:

- Check: Please make out to Summer's Best Two Weeks
- Credit Card #

Expiration Date: _____ Signature: _____

All gifts are tax deductible to the full extent of the law.

Contributions in these categories will be permanently recognized

Camper.....	\$900.00
Half Cabin.....	\$4,500.00
Full Cabin.....	\$9,000.00
Group.....	\$15,300.00
Community....	\$30,000.00
City.....	\$75,000.00