

camp rainbow gold

Your donation will help provide hope, love, and fun to Idaho's children diagnosed with cancer and their families. On behalf of our campers, families, staff, and board of directors, thank you for your support. All gifts are tax deductible and make a difference in the lives of Idaho families.

I would like to support Camp Rainbow Gold:

- General Funds
- Youth Oncology Camp
- Teen Oncology Camp
- Sibling Camp
- Family Camp
- College Scholarship Fund
- Teen Support Group

Support Levels:

- \$25
- \$50
- \$100
- \$250
- \$500
- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$ _____

Please make this a monthly donation.

Name(s): _____

Address: _____

E-mail: _____

Phone: _____

This gift is in honor of: _____

This gift is in memory of: _____

Please send an acknowledgement to: _____

I/We prefer to remain anonymous

Payment Method:

Cash/Check enclosed payable to Camp Rainbow Gold

I authorize Camp Rainbow Gold to charge my credit card for the amount indicated above.

Visa MasterCard American Express Discover

Card # _____ Exp. _____ CCV _____

Name on Card _____

Billing Address _____

If different from above. _____

My/my spouse's employer or former employer will match this gift.

Matching gift forms are provided to the employee by your company.

Form enclosed Form sent separately

Signature: _____ Date: _____