

CAMP DONATION FORM

It costs \$1200 per camper to send a child to camp for a week, however camp is offered at **NO CHARGE** to our families.

Please consider making a donation so that we can continue to take as many campers to camp as possible!

Camper Name (Camp attending):

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

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Enclosed is my donation of \$ _____

\$50 \$100 \$250 \$500 \$1,000 Other _____

I would like to pay by (Please check one):

Check Cash Visa MC AMEX

Card Holder's Name: _____

Card # _____

Expiration Date: _____ / _____ Security Code: _____

Card Billing Address (if different than above):

Address: _____

City: _____ State: _____ Zip: _____

Checks Payable to: Epilepsy Foundation of Texas