



Catholic Youth Camp - 2011

RETURN COMPLETED FORM TO:

2131 Fairview Avenue N, #200, Roseville, MN 55113
office@cycamp.org, 651-636-1645, FAX (651) 628-9323

Dear _____,

My name is _____ and I am a _____ grader at _____.
I am hoping to attend Catholic Youth Camp this summer. I am currently signed up to attend _____ week from _____ to _____ this summer.

I know that a week at CYC will positively impact my life in many ways. Catholic Youth Camp provides a camping experience that incorporates fun and faith into all activities. While I'm there, I get to try archery, arts and crafts, swimming, dance, drama, the gaga pit, fishing, tomahawk throwing, daily prayer and praise and worship, and MORE! I believe this camp will help me to grow in my faith and provide an opportunity to have fun, make new friends, and to learn about myself.

I have asked CYC for assistance with the cost of camp through its Camper Assistance Fund. CYC can only help with up to 50% of camp fees so I need additional support in order to attend. I am writing this letter to ask if you would consider making a donation toward my camp fees.

The cost of a week-long session at CYC is \$470 plus \$70 for transportation. Even a small amount would make it easier for me to attend. If you are able to assist me, please fill out and send the donation form below to me or to CYC. All monies go directly towards my fees. If you have questions about camp or the donation, please contact CYC Executive Director Natalie King at (651) 636-1645 or office@cycamp.org.

I truly appreciate your support in something that is important to me. I hope to share with you all the great things I learn while I am there!

Sincerely,

Catholic Youth Camp Camper Donation

All donations will go directly to the fees of the camper you are supporting.

Name of camper I wish to support: _____ Donation Amount Enclosed: \$ _____

My name: _____ My address: _____

Method of Payment

- Check/Money Order** made payable to **Catholic Youth Camp** (enclosed)
- Gift Certificate** (visit <http://www.ultracamp.com/store/productcategories.aspx?idCamp=257&campCode=cyc>)
- Credit Card** (circle one): **Visa** **Mastercard** **Discover**
Card # _____ Expiration Date _____
Name on Card (please print): _____
Amount to be Charged: _____
Signature: _____

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Website: www.cycamp.org E-mail: office@cycamp.org