

CAMP HERMOSA



“Faithful 50”

I am willing to be one of 50 people who will support the Capital Fund of Camp Hermosa by donating \$1,000 per year for the next five years.

___ I wish to be one of the Faithful 50 and hereby authorize the Camp Hermosa Treasurer to deduct the amount below from my credit card each month for five years. (Payment will be processed on the 15th of each month.)

AMOUNT: ___ \$ 250 (To be processed Jan. 15, Mar. 15, June 15, Sept. 15)
 ___ \$ 500 (To be processed Jan. 15, June 15)
 ___ \$1000 (state which month_____)
 ___ Other Amount \$_____ (state which month_____)

Payment Method: ___ Cheque(s) ___ Visa ___ MasterCard

Card #: _____ Cardholder’s Signature: _____ Expiry Date: ___/___/_____

Name _____ Telephone: _____ E-mail: _____

Mailing Address: _____ Postal Code: _____

Mail to: Camp Hermosa Inc. Treasurer, 40 Heather Ave., Cambridge ON, N3C 3C2 TAX ID # BN 118827237 RR0001

Please submit this top half.

Please keep the bottom section for your records.

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Signed: _____ Date: _____

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