

Contribution Form

\$20 _____ \$50 _____ \$100 _____ \$250 _____ Other _____

Name: _____

Address: _____

City: _____ State & Zip Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Amount Enclosed: \$ _____

Please make checks payable to:

C.A.M.P.

8 Sleepy Hollow Lane

Hopkins, SC 29061

