



## HOW YOUR GIFT HELPS

Your gift will be directed to our Annual Fund, which provides ongoing funding for many areas of our camp, including:

- Medical supplies (syringes, disposable gloves, gauze, medications, etc.)
- Activity supplies/equipment (balls, arrows, paints, fish bait, braille playing cards, etc.)
- Camper meals (daily meals, peanut-free meals, gluten-free meals, s'mores, etc.)
- Camper transportation (to and from swimming at the YMCA, etc.)

## BENEFITS OF MEMBERSHIP

(Gifts of \$100+ qualify you for membership)

- Invitations to annual events where you will be updated on the camp's progress.
- News updates of special events and activities of Camp High Hopes.
- Recognition on our Smiles Club donor wall, on our website and in our e-newsletter.

## GIVING LEVELS

\$100 - \$499	Under the Stars Club
\$500 - \$999	Tent Club
\$1,000 - \$2,499	Teepee Club
\$2,500 - \$4,999	Treehouse Club
\$5,000 - \$9,999	Cabin Club
\$10,000 +	Lodge Club

## ANNUAL SMILES CLUB CONTRIBUTION FORM



### Step 1—Member Information

Name(s) \_\_\_\_\_  
Check here \_\_\_\_\_ if you wish your gift to remain anonymous.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_  
You will be added to our electronic mailing list.

### Step 2—Your Gift

**Donation Amount \$** \_\_\_\_\_

\_\_\_ In honor of (or) \_\_\_ In memory of \_\_\_\_\_

\_\_\_ Please mail a letter acknowledging my gift to the person/  
family honored/memorialized to:

Name & Address \_\_\_\_\_

### Step 3—Frequency

- Paid in full now
- Semi-annually
- Monthly ( \_\_\_15th of each month -or- \_\_\_ 30th of each month)  
(via ACH or credit card only)

### Step 4—Method of Payment

- Check (payable to Camp High Hopes)
- Credit card:
- Visa                       Mastercard
- AMEX                       Discover

Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 digit Security Code \_\_\_\_\_

- ACH

I authorize my bank to transfer the amount I have selected via ACH (Automatic Clearing House). I have enclosed a VOIDED check with this form.

### Step 5— Sign and Send:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Camp High Hopes  
5804 Correctionville Road  
Sioux City, IA 51106

**Questions? Ph 712-224-2267 or [info@camphighhopes.com](mailto:info@camphighhopes.com)**