



Donation Form

Lions Camp Badger Home of Empire State Special Needs Experience

Donor Information (Please print or type)

Name	
Billing address	
City, State, Zip Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

I (we) donate a total of \$ _____

To Honor: _____ or In Memory of _____
(name) (name)

Acknowledgement Information

Please use the following name(s) as the donors:

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___ I (we) wish to have our gift remain anonymous.

Please mail a card of acknowledgement of our gift to....

Name	
Address	
City, State, Zip Code	

I (we) make this contribution in the form of: ___ cash ___ check ___ credit card ___ other.

Please add \$ 3.00 for postage and handling ... Total Amount = \$ _____

Credit card type	
Credit card number	
Expiration date	
Authorized signature	
Signature(s)	
Date	

Please make checks, corporate matches, or other gifts payable to:

Empire State Special Needs Experience (ESSNE)
Lions Camp Badger
725 LaRue Rd
Spencer, NY 14883 or FAX form to: **(607) 589-6181**

Thank You for YOUR Support