



Yes, I would like to support the ministry of  
**Camp Homewood**  
Missionary Staff & Projects



I would like to contribute \$ \_\_\_\_\_ (Amount):     Monthly (Circle: the 1st or 15th)

Please debit my bank account (include a void cheque) or Visa / MasterCard:

Card No. \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/PROVINCE: \_\_\_\_\_ P.C.: \_\_\_\_\_

- Bailey** (General Director)
- Best** (Barn Manager)
- Bieri** (Office Manager)
- Chmelyk** (Intern Leader / Sailing)
- Contenti** (Site & Facilities Assistant)
- Hayes** (Food Services Manager)
- Loeve** (Site & Facilities Manager)
- Thompson** (Food Services Assistant)
- General Operating Fund**
- Camper Sponsorship**
- Summer Staff Bursary**
- Projects** \_\_\_\_\_

**For monthly donations out of your bank account please attach a 'Direct Withdrawal Form' from your financial institution or a VOID cheque to this document and mail it to:**

**Box 40, Heriot Bay, BC, V0P 1H0**

**Jane Doe** 790  
 123 Main St  
 Anywhere US 10111 Date \_\_\_\_\_ 1-678/1239

PAY TO THE ORDER OF \_\_\_\_\_ \$

VOID

\_\_\_\_\_  
 DOLLARS

Your Bank  
 456 Main St  
 Anywhere US 10111

MEMO \_\_\_\_\_

⑆ 1 2 3 4 5 6 7 8 9 ⑆    100 100 1 2 3 9 ⑆    0 7 9 0

## Designated Giving Policy

*Spending of funds is confined to Board approved programs and projects. Each restricted contribution designated toward an approved program or project will be used as designated with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason as determined by the Board, the remaining restricted contributions designated for such program or project will be used where needed most.*



