



# CAPITAL EXPANSION COMMITMENT FORM

## DONOR INFORMATION

Name(s) \_\_\_\_\_ Today's Date \_\_\_\_\_

Corporate/Organization Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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

## MY GIFT TO HELP CAMP KOREY GROW

In support of Camp Korey's capital campaign, I/we intend to give the sum of \$ \_\_\_\_\_

One time gift, to be paid \_\_\_\_\_ (date).

\_\_\_\_\_ year commitment. I/we will gift the amount in the month noted, each year annually.

Multi-year pledge payment schedule	<b>2021</b> Month _____	<b>2022</b> Month _____	<b>2023</b> Month _____
	Amount _____	Amount _____	Amount _____

I/We plan to make my/our contribution in the form of:

Check      Debit/Credit Card      Stock      Other \_\_\_\_\_

To be automatically withdrawn monthly from my debit/credit card in the amount of \$ \_\_\_\_\_

Please designate my gift towards      Capital (needed most)      Specific Project \_\_\_\_\_

## MY COMMITMENT TO CHILDREN WITH LIFE-ALTERING MEDICAL CONDITIONS

I/we wish to remain anonymous.      My employer will match my contribution.

Please make my gift in memory/honor of \_\_\_\_\_

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

Please honor & recognize my/our gift as (corporate, family, or individual name)

Please send completed pledge form to  
Liz Theaker, Director of Development  
or email [ltheaker@campkorey.org](mailto:ltheaker@campkorey.org)

Camp Korey  
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(360) 416-4120



Camp Korey is a registered 501 (c)(3)  
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