

Please complete, sign, and return this form to Victory Junction.

Together, let's create life-changing camp experiences for children with complex medical and physical needs.

rieage in	itormation:				
I wish to p	ledge: \$		(indicate t	otal amount).	
Annu	ally for \$	per year f	oryears		
Montl	hly for \$	per month	for m	onths.	
Payment	Method:				
Chec	: k: Please mak	e payable to V	ictory Junction.	Apply this amou	int to my pledge then invoic
me	for the remain	nder.			
Credi	Credit Card: VISA Mastercard American Express Discover				
Cre	edit Card:			Exp. Date:	CVV:
Nai	me as it appe	ars on card: _			
Aut	thorization Sigi	nature:			
Other	r Assets: To mc	ake gifts of app	reciated assets c	r stock, or throug	gh a DAF or an IRA, please
cor	ntact the deve	elopment office	Э.		
Matcl	hing Gift: My ϵ	mployer has a	matching gift pr	ogram. I will cor	ntact them to begin the
pro	cess. Compai	ny name:			-
Gift PI	lanning: I wou	ld like more info	ormation about in	ncluding Victory	Junction in my Will or estate
pla	ins.				
Donor Info	ormation:				
Name:					
Address:					
City:			State:	Zip:	
Phone (Home):			(Cell):_		
Email:					
Donor Signature:				Date:	
Tribut	te Gifts: Make	my gift in hono	r or memory of _		(circle one).
Anon	nymity: I wish t	o remain anony	ymous.		