



Yes, I would like to make a difference with a gift to Camp Joy!

Please complete the form below and return to:

Camp Joy
10117 Old 3-C Hwy
P.O. Box 417
Clarksville, OH 45113

I would like to support transformational experiences at Camp Joy with a total one-time gift of \$_____.

I will make recurring _____ quarterly _____ monthly payment(s) in the amount of \$_____, beginning in ___/___ (month/year).

- I am interested in learning more about joining the Friends of Joy Society.
- I would like to learn more about planned giving opportunities that benefit Camp Joy.
- I have already included Camp Joy in my estate plans.
- I would like to learn more about group volunteer opportunities at Camp Joy.

Contact Information

Name(s): _____

(As you would like it to appear in recognition of your gift)

Company (optional) : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____

Payment Information

Check Enclosed

Credit Card

Payable to: Camp Joy

Credit Card Number _____ Exp. Date _____

CVV _____ Billing Zip Code _____

Name on Card _____

Signature _____