



Mass Audubon
Protecting the Nature of Massachusetts
 Gift of Camp Scholarship Form

Need a gift for a friend or family member who has everything?
 Make a gift in honor of a friend or family member to support a camper at one of Mass Audubon's summer camp programs.

Donor Information

Donor: (Print Name) _____

Address: _____
 (Street, City, State, Zip)

Phone: _____ Email: _____

Honoree Information:

Scholarship Given In Honor Of: _____

Honoree Address: _____
 (Street, City, State, Zip)

Gift Information

Amount of Gift: (\$100 suggested) _____

Form of Payment: Visa Mastercard
 Check Cash

Designate a Specific Summer Camp:

<input type="checkbox"/> Arcadia Wildlife Sanctuary	<input type="checkbox"/> Moose Hill Wildlife Sanctuary
<input type="checkbox"/> Blue Hills Trailside Museum	<input type="checkbox"/> South Shore Wildlife Sanctuary
<input type="checkbox"/> Boston Nature Center	<input type="checkbox"/> Pleasant Valley Wildlife Sanctuary
<input type="checkbox"/> Broad Meadow Brook Wildlife Sanctuary	<input type="checkbox"/> Stony Brook Wildlife Sanctuary
<input type="checkbox"/> Broadmoor Wildlife Sanctuary	<input type="checkbox"/> Wachusett Meadow Wildlife Sanctuary
<input type="checkbox"/> Drumlin Farm Wildlife Sanctuary	<input type="checkbox"/> Wellfleet Bay Wildlife Sanctuary
<input type="checkbox"/> Felix Neck Wildlife Sanctuary	<input type="checkbox"/> Wildwood
<input type="checkbox"/> Habitat Wildlife Sanctuary	<input type="checkbox"/> Visual Arts Center
<input type="checkbox"/> Ipswich River Wildlife Sanctuary	

Credit Card Number: _____

Expiration Date: _____

Signature: _____

My employer will match this gift
 Name of employer: _____

Mass Audubon will acknowledge your gift to the honoree.
 When is the best time to send that acknowledgement?

Please mail form and payment to:
*Gift of Camp Scholarship
 Mass Audubon
 Development Office
 208 South Great Road
 Lincoln, MA 01773*

For more information, please contact the
 Development Office at (781) 259-2123

Internal Use Only ID: _____ Honoree ID: _____ Designation: _____
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