



Camp Haiastan of The Armenian Youth Federation, Inc.

UNRESTRICTED CONTRIBUTION FORM

Please use for donations for In Lieu of Flowers, In Honor Of, Birthday, Anniversary or any special occasion.

YES! I want to help A.Y.F. Camp Haiastan.

1. Please print clearly and enter the following information:

Donor Name(s): _____

Donor Address: _____

City, State & Zip+4: _____

Donor Phone: Home _____ Business/Work _____

2. Enclosed is my gift of \$ _____ (*Make checks to Camp Haiastan.*)

Please charge my ___ VISA ___ MasterCard ___ American Express

Name on Card: _____ Acc't. No. _____

Expiration Date: _____ Signature: _____
(mm/yy)

Card billing address if other than above: _____

3. Please use my gift to support Camp Haiastan's: ___ Capital Projects ___ Programs & Activities

___ Please contact me to discuss how I can include Camp Haiastan in my Estate Plan.

___ My gift is in honor of / in memory of (circle one): _____

Please send an acknowledgement card to: Name: _____

Address: _____ City, State, Zip+4: _____

___ I would prefer that my gift remains anonymous.

4. Print this form and mail or fax to:

Camp Haiastan of The Armenian Youth Federation, Inc.
P.O. Box C
Franklin, MA 02038
Phone: 508 520-1312 Fax: 508 528-0471

YOUR CONTRIBUTION IS TAX-DEDUCTIBLE TO THE EXTENT OF THE LAW