



**Camp Haiastan of The Armenian Youth Federation, Inc.**

**UNRESTRICTED CONTRIBUTION FORM**

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

1. Please print clearly and enter the following information: Mr. Mrs. Ms. Dr. Mr. & Mrs. Dr. & Mrs.  
(please circle one above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip+4: \_\_\_\_\_

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)

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**