



## PLEDGE CARD

We (I) wish to participate in the *Where Smiles Happen* Capital Campaign to construct a year-round recreational facility exclusively designed and operated for people with special needs.

**We (I) intend to give a gift of \$\_\_\_\_\_.**

In memory of \_\_\_\_\_  
In honor of \_\_\_\_\_  
Celebrate occasion \_\_\_\_\_

### Schedule

Total Gift \$ \_\_\_\_\_

Paid Now \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

I will begin my payment on \_\_\_\_\_.

- Please send reminders.

### **Schedule of Balance (up to 3 years preferred)**

| Date  | Amount   |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

### Signature(s)

Please print the name as you wish to be acknowledged and recognized in publications.

Name \_\_\_\_\_ Contact Name (if different) \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_

Signature(s) \_\_\_\_\_

Thank you for supporting Camp High Hopes. The organization is a not-for-profit corporation and a 501(C)(3) charitable organization as determined by the IRS. Gifts to Camp High Hopes are tax-deductible to the fullest extent of the law, as no goods or services are provided in consideration of a gift. Please make checks payable to Camp High Hopes. Return this completed form to:

**Camp High Hopes**  
5804 Correctionville Road  
Sioux City, Iowa 51106  
712-224-CAMP

For your convenience, you may also make your gift online at [www.camphighhopes.com](http://www.camphighhopes.com) (online payment fees apply)