

Camper Sponsorship Form

Yes, I would like to send a child to camp this summer. I have enclosed a check for \$_____. (The cost is \$185.00 to send one child to a week of camp.)

Your Name _____

Name of Business (if applicable) _____

Address _____

Phone # () _____ - _____ Email Address _____

Please mail this completed form with your tax-deductible gift to:

River of Life - P.O. Box 68 - 1145 Route 14 - Irasburg, VT - 05845

Thanks for your generosity!