

Donation Form



We are so grateful that you have chosen to partner with us in providing life-changing summer experiences for young people.

Use this form or give online at surpriselake.org/donate.

Your Full Name Name(s) as you'd like to appear in donor list or "And				
Address		City	State	Zip
Preferred Phone	Date of Birth	Email		
Our Gift	\$	_ Annual Drive	e*	
Have a specific fund in mind? Please contact us at (845) 265-3616.	\$	Capital Improvement Fund*		
	\$	_ Harry Vogel Aquatics Fund*		
Donations to these funds are eligible for a 3:1 Forward Together Match from the Harold Grinspoon Foundation.	\$	_ Tribute / Honor Fund (Honoree's name below		
	\$	Wherever my gift is needed most.		
So that SLC can apply my ento	action fee. Please ad	d 3% to my gift.	 	
Save paper & postage. Please email m	ny acknowledgement	letter.		
☐ full gift now ☐ Monthly gifts** of \$each mo **Credit card required. SLC will esta	onth for #o ablish monthly gift insta	f months for a total Ilments upon receipt	gift of \$ of this form.	-
Ill pay by: □ Credit Card: □ Visa □ MC □ Disc.	□ AMEX Card#:			
Exp. Date	e: / Credit C	ard Security Code:	Billing Z	ip:
☐ Enclosed Check: Payable to Surprise I	ake Camp Mail to 3	89 Lake Surprise F	Road Cold Spring	NY 10516