



# Board of Ambassadors Program Registration

## DONOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

I am dedicated to the ministry of Walcamp and wish to join the Board of Ambassadors. I will keep my membership current by payment of an annual administration fee, which entitles my attendance at the Board of Ambassadors' Annual General Meeting and Dinner. If a monthly payment plan is selected, I understand that payments will be charged monthly until I notify Walcamp in writing to discontinue the plan. I will My participation will be at the following level:

Participation in the following level applies to the named legal organization  
Settler \$2500 annual commitment

Participation in the following level applies to the immediate family of the named individual  
Homesteader \$2000 annual commitment

Participation at the following levels applies to the named individual only  
Trailblazer \$1500 annual commitment  
Pioneer \$1000 annual commitment  
Scout \$ 600 annual commitment

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

Enclosed is my check for the above amount made payable to: Walcamp Outdoor Ministries

I prefer to charge the above amount on my VISA MC Am/Ex Discover

I prefer to send my contributions through the Simply Giving Program (authorization form attached)

Please charge my VISA MC Am/Ex Discover . monthly

Credit Card # - - - Exp. Date

Authorized Signature \_\_\_\_\_

Complete, sign and date this form, and return to: Walcamp Outdoor Ministry  
32653 Five Points Rd  
Kingston, IL 60145  
FAX: 815-784-4085 Email: Registrar@Walcamp.org