



I wish to support Camp Artaban and assist children, youth and families in having a fantastic Christian camping experience.

General Operating Fund (*where money is needed most*) \$ _____

Raise the Roof Fund \$ _____

Campership Fund \$ _____

I would like to contribute monthly by credit card \$ _____ per month
Monthly donations are processed on the 1st of each month.

Membership - \$25 / person (*Due 31 December*) \$ _____

Church Affiliation (if applicable): _____

Name: _____

Address: _____

Phone: _____ Email: _____

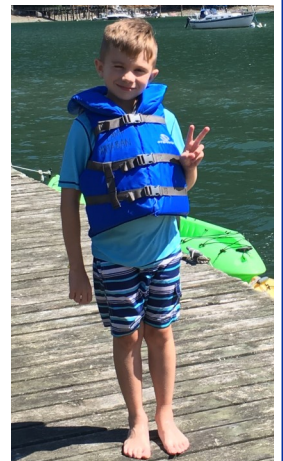
Cheque Enclosed (*payable to Camp Artaban Society*)

Visa / Mastercard Card Number: _____ Expiry Date: ____ / ____

Name on Card: _____ Signature: _____

*Camp Artaban Society
1058 Ridgewood Drive
North Vancouver, BC V7R 1H8*

*604-980-0391
office@campartaban.com*



The Camp Artaban Society is a registered charity (#11882 6551 RR0001) and will give tax receipts for all donations over \$25.00