



# GENERAL DONATION FORM

Please send donation along with this form to:

**Divide Camp Inc.**  
**P.O. Box 49**  
**Joseph, Oregon 97846**

**DONATION AMOUNT: \$** \_\_\_\_\_

## **DONOR INFORMATION:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Company (Optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

**TO MAKE YOUR GIFT IN HONOR OF OR IN MEMORY OF AN INDIVIDUAL OR FAMILY MEMBER,  
PLEASE COMPLETE THE FOLLOWING SECTION: *\*Please note DCI does not disclose the donation amount.***

I would love my gift to be (choose one):  In honor of  In memory of

Honoree: \_\_\_\_\_

Please send acknowledgement of my donation to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_