



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: _____