



In Support of the Cohen Camps

Donor Information (please print or type – all information is required)

Name	
Address	
City, State, Zip Code	
E-Mail	
Telephone (day time)	

Donation Information

Enclosed is my (our) gift of: ___ Check enclosed	___ \$54 ___ \$72 ___ \$180 ___ \$360 ___ \$500 Other \$_____						
Please apply my (our) gift to: (Please circle one)	<table border="0"> <tr> <td>SCHOLARSHIPS</td> <td>GENERAL</td> <td>PROGRAM EXCELLENCE</td> </tr> <tr> <td>HADASSAH & BEN BLOCKER FUND</td> <td>GEORGE MARCUS AQUATIC CENTER</td> <td>CAPITAL PROJECTS</td> </tr> </table>	SCHOLARSHIPS	GENERAL	PROGRAM EXCELLENCE	HADASSAH & BEN BLOCKER FUND	GEORGE MARCUS AQUATIC CENTER	CAPITAL PROJECTS
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HADASSAH & BEN BLOCKER FUND	GEORGE MARCUS AQUATIC CENTER	CAPITAL PROJECTS					

___ I (we) wish to have our gift remain anonymous.

Credit card type (circle)	Discover	Mastercard	Visa
Name on card			
Credit card number	Expiration date	/	
Billing Address:			
Signature			

Donations by check allow your entire gift to be used for camp.

For Gifts 'In Honor of' or 'In Memory of', please provide acknowledgement address

Gift Match Information

Gift will be matched by: _____ (company/family/foundation)

Please contact me regarding a bequest to the Cohen Camps ___ Yes ___ No

I am an Alumna/Alumnus (Please circle one)	I am a Parent/Grandparent (Please circle one)
Camp Pembroke	Camp Tel Noar
Camp Tevya	(Circle one)

Please make checks, corporate matches, or other gifts payable to either a camp or Cohen Camps. Mail to **Cohen Camps, 888 Worcester Street, Wellesley, MA 02482.**



The Cohen Camps is a qualified 501(c)(3) non-profit organization under regulations of the Internal Revenue Service. Your donations are tax-deductible to the extent provided by law.