



Camp Jeremy

August 9th – August 13th

Yes, we want to make a contribution in support of a Camp Jeremy candidate.

Company Name

Address

City

State

Zip

Contact Name

Email Address

We want to help a transplant recipient attend Camp Jeremy from August 9th – August 13th.

_____ We will contribute \$300 towards his/her expenses (full scholarship)

_____ We will contribute \$150 towards his/her expenses (half scholarship)

_____ We would like to support Camp Jeremy with a contribution in the amount of \$ _____

Enclosed please find a check for \$ _____

_____ Please send an invoice in the amount of \$ _____

Return this form by July 15, 2004

By Mail: Camp Jeremy 2004

c/o Gift of Life Donor Program

2000 Hamilton St., Suite 201

Philadelphia, PA 19130

By Fax: 215-599-2051

- If you have any questions, please contact Debbie Knorr at 215.55.8090
- Please make checks payable to TRANSPLANT FOUNDATION
- Your contribution is tax-deductible*

Thank you for your support.