



## ANNUAL PLEDGE/DONATION FORM

Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

VP: ( ) \_\_\_\_\_

### **Please select choice of CAPS Program:**

- Personal Donation                       Annual CAPS Supporter  
 Business/Corporate Donation            Non-Profit Organization

### **For Annual Supporters Only:** (PLEASE CHECK ONE)

- INDIVIDUAL: \$500.00 Plan Per Year  
 INDIVIDUAL/SPOUSE: \$750.00 Plan Per Year

Lifetime Member? ___ Yes ___ No
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**Please Select Choice of Payment:** (please Circle)  
 Pay 1 Installment ~or~ Pay 5 Monthly Installments

### **For All Others Only:** (Installments are acceptable)

Please circle amount of contribution in boxes below:

\$ 35.00	\$ 40.00	\$ 45.00	Other Amount \$
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### **Please Select Choice of Funds to Support:** (Can select more than 1)

Please circle the choices in boxes below:

CAMPGROUND	HOME OFFICE	ADMINISTRATION	ALL
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**Make Checks Payable to: PSAD-CAPS FUND**

**\*Your Contribution is TAX DEDUCTIBLE (501C)\***

*Thank you for your support! You made the dreams come alive today!*