



DONATION FORM

Name: _____

Address: _____

City/State/Zip: _____

Preferred Phone: _____

Email: _____



I would like to receive the newsletter

Aphasia Advocate \$100 Aphasia Supporter \$50 Aphasia Friend \$25

Other: _____

Aphasia Camp Northwest: Adventure Weekend Activity Sponsorships

- Saturday Evening Dinner & Party \$1,000 Care Partner Self Care Sponsor (Hats) \$750
- Camp T Shirts \$1,000 Beach Party & Bonfire \$500 Friday Campfire Ceremony \$500
- Gardening Sponsor \$250 Fishing Sponsor \$250 Water Sponsor \$150
- Health Break Sponsor \$200

Workshop Sponsorship Lunch Sponsor \$700 **Couple's Retreat** Dinner Sponsor \$1,000

Scholarship Donations

- Camp Scholarship \$390 (*survivor & care partner*) Camp Scholarship \$195 (*survivor*)
- Couples Retreat Scholarship \$310 Workshop Scholarship \$15 Day Camper \$85

Payment Method: **ONLINE Credit Card:** I made my gift online at AphasiaNetwork.org (Donate tab)
Please email this form to info@AphasiaNetwork.org for online donations
 Check enclosed (please make payable to **The Aphasia Network**. Address above.)

Please consider choosing The Aphasia Network if your employer supports a matching gift program.

This gift is in honor of in memory of: _____
(please print name and provide an address if you would like an acknowledgement sent)

IN KIND DONATION: I/we want to make a non-cash donation/gift. Describe item(s):
