



www.aphasianetwork.org **DONATION FORM**

Name: \_\_\_\_\_

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

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

Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**Aphasia Camp Activity Sponsorships**

- Boating Sponsor \$200     Archery Sponsor \$200     Beach Party & Bonfire \$350
- Friday Campfire Ceremony \$350     Health Break Sponsor \$400     Ice Cream Social \$350

**Scholarship Donations**

- Camp Scholarship \$150 (*survivor & care partner*)     Camp Scholarship \$100 (*survivor*)

**Method: ONLINE**

- On Line Donation:** AphasiaNetwork.org
- Check** enclosed (please make payable to **The Aphasia Network**)

***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):

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**\*The Aphasia Network is a Nonprofit organization supported by business and individual donors.  
Your tax deductible gift is deeply appreciated. EIN # 45-5600208**