

CAMP I-THONKA-CHI
THE PARKLAND BURN CAMP

EMPLOYEE DONATION FORM

Name (please print) _____ Emp. ID # _____

Address _____ City _____ Zip _____

Work phone # _____ Home phone # _____ Dept. _____

Amount Donated	How Donated	Instructions/comments
\$ _____	Cash	None
\$ _____	Check	Make payable to: Parkland Foundation Burn Camp Fund
\$ _____	Payroll Deduction	One time deduction
	Signature Authorizing Deduction _____	

The amount of your charitable contribution may be reduced by the fair market value of any logo items you receive.

Thank you for this donation!!