



Camp Kudzu 2010 Payment Form - Camp Barney Medintz

Fees: Camp fees are \$700 per camper. A non-refundable deposit of \$50 is due now. The balance of \$650 can be paid in installments.

Cancellations/Refunds: Cancellations **must be received in writing**, either via email to kshreve@campkudzu.org, or via mail to 577 Concord Road SE, Suite B, Smyrna, GA, 30082. Campers who withdraw from camp prior to April 19th will receive a full refund, less the \$50 deposit. Campers who withdraw between April 19th and April 26st will receive a 50% refund, less the \$50 deposit. Campers who withdraw after April 26st will not receive a refund for camp fees.

Donations: It's only through the generosity of families, corporations and many donors that Camp Kudzu is a reality. **Camp Kudzu is an independent non-profit organization that does not receive funds from any other diabetes organizations.** The actual out-of-pocket cost of camp is greater than \$1,350 per child and close to \$2,300 including donated goods and services. We ask that each family consider making a donation above the \$700 camper fee. Your donation is tax deductible and we will send a receipt.

CAMPER'S NAME: _____

- I have enclosed the full camp fee of \$700 (\$50 deposit & \$650 camp fee) in the form of a check or money order.
- I wish to charge the full camp fee of \$700 (\$50 deposit & \$650 camp fee) at this time on my credit card.
- I have enclosed the non-refundable deposit of \$50 due now in the form of a check or money order, along with a completed Scholarship Application.
- I wish to pay the remaining camp fee (\$650) in installments by check or money order.
- First installment of \$325 due by April 16, 2010.
 - Second installment of \$325 due by June 16, 2010.
- I have enclosed a tax-deductible gift of \$ _____

When charging on a credit or debit card, please provide the following information:

Name as it appears on the front of the card _____

Card # (please include all numbers) _____

Security Number (three digits on the back of MC or VISA/ four digits on the front of AMEX) _____

Expiration Date (month/year) _____ Billing Zip Code _____