HIS KIDS Cancer Support

presents...

Camp HIS KIDS

A therapeutic summer camping experience
for kids with cancer & siblings, ages 8-17

JULY 23-28 2017

Sponsorship Opportunities

$100 Camper/LIT Meals for the Week Sponsorship
Includes a thank you note & photo from a camper

$250 Golf Cart Sponsorship-help the kids get around!
Includes: You name/logo on Golf Cart for the week of camp, a thank you note from campers/LITs/staff, & pictures of golf cart/camp pictures

$500 Supply Sponsorship-buy a needed supply!
Includes: Name/logo on sponsored goods (lanyards, water bottles, nametags, etc.), a thank you note from campers/LITs/staff, pictures of campers using sponsored goods, & a Camp DVD

$750 Camper/LIT Sponsorship-send a kid to camp!
Includes a thank you note from your sponsored camper, pictures of sponsored camper/LIT from camp, & a camp DVD

$1,000 Activity Sponsorship-fund a whole activity!
Includes: Name/logo on banner for display at camp activity, pictures from camp activity, thank you gift to display, thank you notes from campers/LITs/staff, Camp DVD, and listing as sponsor on Camp Website

$2,500+ T-Shirt Sponsorship-Help camp in a MAJOR way!
Includes: Your name/logo on our camp T-shirts, thank you notes from our campers, photos of campers wearing camp T-shirts, thank you gift to display, Camp DVD, and listing as a sponsor on our Camp website.

YES! I would like to help! (Please check all that apply, detach this portion & return with donation)

Sponsorships:

___ I would like to sponsor camp meals for a week at $100
___ I would like to sponsor a golf cart at $250
___ I would like to sponsor supplies at $500
___ I would like to sponsor a child to camp for $750
___ I would like to sponsor an activity for $1,000
___ I would like to be a T-shirt sponsor for $2,500 or more

Donations:

___ I would like to make a donation in the amount of $_____

___ I would like to donate items to be used at camp (please call to arrange delivery)

Name (of sponsoring group) _____
Contact name _____Email _____
Address_____City, State, Zip_____ Phone_____
__Check __M/C __VISA Card#_____Exp Date_____ CVC code _____

Thank You! **Please make checks payable to: H.I.S. K.I.D.S., Inc. P.O.Box 412 Highland, IL 62249 (618)654-4020**