



## *Fan the Flame for Camp Dixie Outdoor Ministry*

○ **Ongoing Improvements & Upgrades:** – 50% of every dollar donated

- New Windows for the Dorm Rooms - \$13,000
- Flooring for the Dorm Rooms - \$10,000
- New Roof for the Main Building - \$25,000 (Remaining Balance)
- New Windows for Kitchen - \$1000
- Chapel Resurface Altar Area - \$2000
- Kitchen Improvements such as:
  - Convection Oven - \$2500
  - Commercial Dish Washer - \$2000
- Air Conditioning for Kitchen & Fry Room - \$1500

○ **Camper Assistance Program:** – 50% of every dollar donated

These funds are designated for assisting youth campers with the cost of attending Camp Dixie Summer Camp Programs.

***Camp Dixie's Mission Statement: Camp Dixie is a place where campers, counselors, and staff members are able to grow spiritually, physically, emotionally and intellectually, in a positive way by experiencing, reflecting and evaluating in an outdoor-based Christ centered program.***

\*\*\*\*\*Cut Here\*\*\*\*\*

### *Fan the Flame for Camp Dixie Outdoor Ministry, gift form*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Preferred phone number \_\_\_\_\_ Best time to call  Morning  Afternoon  Evening

E-mail address \_\_\_\_\_

*You can count on me/us to support the future of Camp Dixie Outdoor Ministry*

- |                                   |                                   |                                  |   |
|-----------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$500          |
| <input type="checkbox"/> \$ 250   | <input type="checkbox"/> \$100    | <input type="checkbox"/> \$ 50   | <input type="checkbox"/> Other \$ _____ |

**PAYMENT:**

My check I enclosed, to ***Camp Dixie Fan the Flame for Camp Dixie Outdoor Ministry***,  My company will match my gift.

<input type="checkbox"/> Please charge my Visa/MC # _____	Company Name _____
Exp. Date ____/____ 3-digit vérification # _____	Contact Person _____
Name on card _____	Phone Number _____
Signature _____ Date _____	

Please recognize me/us as \_\_\_\_\_

We wish to remain anonymous