



# Yes, I want to support Pecometh Camp & Retreat Ministries!

### Please Print Clearly:

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Church Location \_\_\_\_\_

Please designate my donation for the following fund:

General Expense     Campership     Camp Staff Alumni     Spain Grant     Retreat Scholarship

Please designate my donation:

"In Honor of" (Name of Designee) \_\_\_\_\_

"In Memory of" (Name of Designee) \_\_\_\_\_

### Payment Information:

I have enclosed my check payable to Pecometh for \$ \_\_\_\_\_

Please charge my credit card:     American Express     Discover     Master Card     Visa

Card Number: \_\_\_\_\_ CVV#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

One-time charge of \$ \_\_\_\_\_

Monthly payments of \$ \_\_\_\_\_ (# of payments \_\_\_\_\_ ; Beginning month \_\_\_\_\_ )

Please deduct from my bank account: Routing Number \_\_\_\_\_ Account # \_\_\_\_\_.

One-time withdrawal of \$ \_\_\_\_\_

Monthly payments of \$ \_\_\_\_\_ (# of payments \_\_\_\_\_ ; Beginning month \_\_\_\_\_ )

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this form to:  
Pecometh  
ATTN: Jessica Lutz  
136 Bookers Wharf Road  
Centreville, MD 21617**