

Brainy Camps Association (Camps) of Children's National Medical Center
Tax ID # 501 (C) (3): 27-1547370
111 Michigan Ave NW
Washington, DC 20010-2970
www.brainycamps.com

Yes, I'm happy to support the Brainy Camps Association

Company _____

Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (W/C) _____

Email: _____

Donations (Please complete the payment information below):

Amount: _____

Please specify:

_____ I would like to donate funds for camper scholarships

_____ I want to donate funds for operations (supplies, rentals, professionals)

_____ I want to donate to the camp building fund

_____ I would like to make a general donation

_____ I want to contribute to a camp for _____

_____ Other designation (purpose) _____

Payment Information:

Check one: Check # _____ VISA _____ MasterCard _____

Credit Card # _____ Expiration Date: _____

Security Code (3 numbers on back of card): _____

Name as written on card: _____

Card Flex online contribution: **Online contribution: www.brainycamps.com**