



# ARIZONA OUTDOOR ADVENTURES

P.O. Box 37982, Phoenix, AZ, 85069 info@azoutdooradventures.org  
602.448.6996

**YES!** *I would like to help send a child to an Arizona Outdoor Adventures Camp and open the doors of hope and opportunity for Arizona's neediest youth.*

**Enclosed is my tax-deductible contribution:**

- |                               |                                |                                  |                                  |
|-------------------------------|--------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$500   | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> Other   |
|                               |                                |                                  | Amount: _____                    |

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please make checks payable to: Arizona Outdoor Adventures, and mail to:**

**Arizona Outdoor Adventures  
P.O. Box 37982  
Phoenix, AZ 85069**

**PLEASE DEDICATE THIS GIFT:**

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> In Honor of | <input type="checkbox"/> In Memory of |
|--------------------------------------|---------------------------------------|

**AND ACKNOWLEDGE TO:**

- |                              |                              |                               |                              |
|------------------------------|------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Dr. | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. |
|------------------------------|------------------------------|-------------------------------|------------------------------|

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_