



FANTASY CAMP ENDOWMENT FUND

To endow scholarships for future fantasy camp participants

AUTOMATIC YEARLY COMMITMENT FORM

NAME: _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** ____ **ZIP CODE:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

€ \$1000.00 per year

€ \$500.00 per year

€ \$750.00 per year

€ \$ _____ OTHER

FORM OF PAYMENT:

___ CHECK

___ CREDIT CARD

___ AX

___ DS

___ MC

___ VI

Credit Card number

Exp. Date

Security Code

Authorized Signature

MAIL TO: Notre Dame Monogram Club, C113 Joyce Center, Notre Dame, IN 46556

*Please make all checks payable to Notre Dame Monogram Club
and note Fantasy Camp Endowment Fund in the Memo*