

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

In support of the long range visions of Camp Carolwood I/We Pledge \$ _____

_____ Quarterly _____ Semi-Annually _____ Annually I have enclosed \$ _____

Address of honoree or Family of Memorial person _____

This Gift Is In Memory/ Honor of _____

This Gift Is In Celebration Of _____

Signature of Friend of Carolwood _____ Date _____

FRIENDS OF CAROLWOOD CLUB 50+ MEMBERSHIP

Make Checks payable to Carolwood Club 50+, Box 3029, Lenoir, NC 28645 - Phone (828) 758-1467

Thank You!