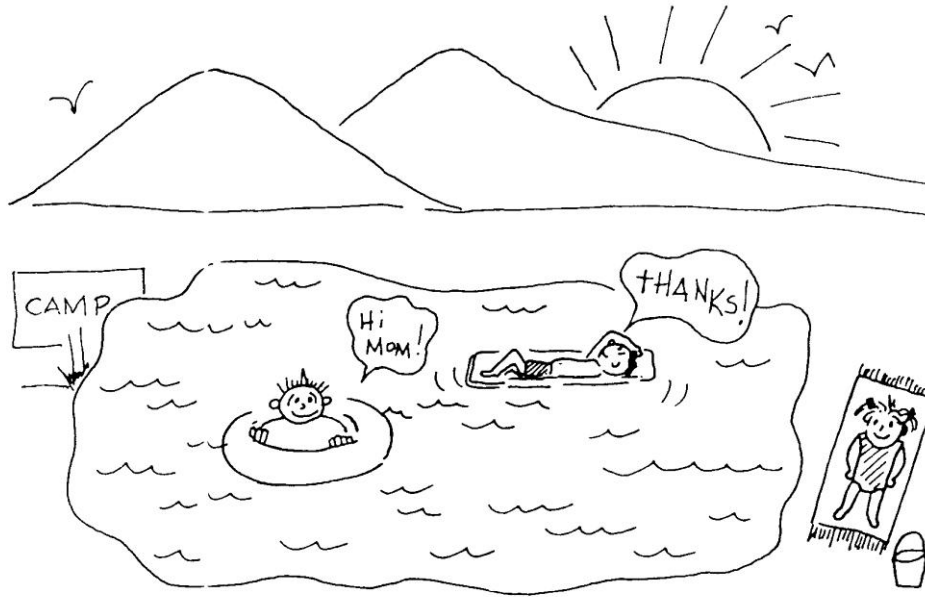


# Yes, Sister, I would like to help!



I will send \_\_\_\_\_ children for \_\_\_\_\_ week(s) of camp (at \$150 per child per week).

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

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Signature (required) \_\_\_\_\_      Date \_\_\_\_\_

Ms./Mr./Mrs. \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please mail this form to:  
Salesian Sisters  
659 Belmont Avenue  
North Haledon, NJ 07508-2397**

**Or fax to: 973.904.0041**