
Name (as it should appear in any printed materials)

I wish to remain anonymous

Address

Company

City

State

Zip Code

I will give:

- \$100.00 so that a child who stutters can find the support they need at Camp SAY.
- \$500.00 so that a child-in-need has full access to Speech Therapy at Camp SAY.
- \$1,500.00 to provide travel for 3 families-in-need to send their child to Camp SAY.
- \$4,000.00 to fully sponsor a child from a low-income family to attend 2 weeks at Camp SAY this summer.
- OTHER: \$ _____

Credit Card Number

Exp. Date

Security Code

Name As It Appears On Card

Signature (Required)

()

Phone Number

Email

To donate right **NOW**

please visit campsay.org/about/support-us or call **646.403.3514**

Or mail to: **The Stuttering Association for the Young**
247 West 37th Street, 5th Floor, New York, NY 10018