



# SUPPORT CAMP ERIN TORONTO 2022

DONATE OR SPONSOR CAMP ERIN TORONTO AND SUPPORT OUR FIRST EVER OVERNIGHT CAMP

IN PARTNERSHIP WITH HEART HOUSE HOSPICE!



Camp Erin Toronto is a free, overnight bereavement camp for youth who are grieving the death of a significant person in their lives. Children and teens ages 6 to 17 attend a camp experience that combines grief education and emotional support with fun, traditional camp activities, led by bereavement professionals and caring volunteers.

Camp Erin is offered free of charge to families, so we truly rely on your support. Individual donors, small businesses and large corporations provide both monetary and in-kind donations to ensure this valuable program is offered free of charge to all campers. Please consider becoming a Camp Erin Toronto sponsor or donate items on our wish list

## DONATE TO SUPPORT A CAMPER:



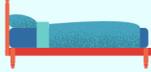
**FEED A CAMPER**  
**\$25**



**SEAT ON THE BUS**  
**\$50**



**CAMPER CARE KIT**  
**\$100**



**CAMPER CABIN**  
**\$150**



**COVER A CABIN**  
**\$500**



**COVER A CAMPER**  
**\$750**

### ITEMS TO DONATE:

- Gift cards to Michael's, grocery stores, Walmart, Amazon, or related supply stores
- Sunscreen
- Packaged healthy snacks
- New sleeping bags, pillows, and towels
- Insect repellent

For more information visit: <https://hearthousehospice.com/camperin/donate/>

## SPONSOR CAMP AND HELP MAKE CAMP AWESOME FOR ALL!

**\$400** Quench camper's and volunteer thirst on a warm summer day.



**\$1,500** Provide comfort for bereaved youth



**\$2,500**

Sponsor a cabin of children and teens to attend Camp Erin for the entire weekend

**\$500** Sponsor the DJ photo booth operator to lead a Saturday evening dance party



**\$2,000** Sponsor Camp Erin Toronto's pre-camp event



**\$750** Support the lodging, food, and all camp activities for 1 child to participate in Camp Erin



**\$2,000** Sponsor 60 children to participate in high and low ropes courses



### Count me in as a sponsor!

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address, City, Province, Postal Code: \_\_\_\_\_

Please recognize me as: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card Type (circle): Mastercard Visa American Express Discover CVV/CSC (3 or 4 digit numeric code): \_\_\_\_\_

Signature: \_\_\_\_\_ Enclosed is my check for \$: \_\_\_\_\_

Would you like to become a yearly donor?  Yes  No

