



Asbury Hills Rocking Chair Campaign

Enclosed is my donation of \$ _____ for _____ Rocking Chair (s)
(One Chair \$225 / 2 chairs for \$400)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check VISA MasterCard Acct. No. _____

Signature _____ Expiration date: _____

Please name the chair in _____ Honor of _____

Address to send acknowledgement to: _____
Memory of _____

Make your checks payable to:
SC Camps & Retreat Ministries
Asbury Hills Rocking Chair Campaign
345 Prado Way Greenville, SC 29607