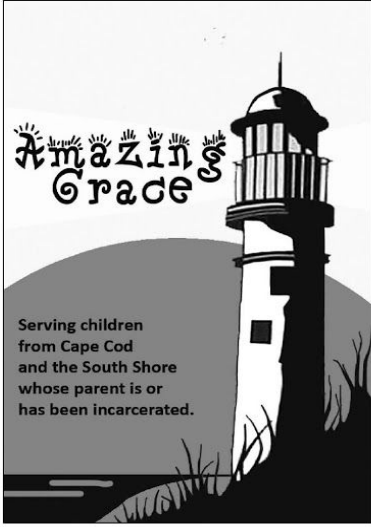


I want to personally support the Amazing Kids at Amazing Grace!



NAME: _____

ADDRESS: _____

EMAIL _____ PHONE: _____

I would like more information about volunteer opportunities:

- Camp Mentor** (interact with our amazing kids during morning, afternoon, or overnight shifts)
- Camp Specialist** (offer 1-3 hours sharing a skill/talent)
- Monthly Activity Volunteer** (interact with our amazing kids at school year activities/events)
- Program Developer** (help us find and create fun things for our Amazing Grace kids to do at camp and/or at monthly gatherings)
- Story Teller** (help us tell others about Amazing Grace)
- Recruiter** (help us find kids & volunteers for the week of camp)
- Fundraiser** (help us find financial support to do our work)
- Implementer** (help us with behind-the-scenes support)

Please return this form to: Amazing Grace of Cape Cod Inc, P O Box 636, Centerville, MA 02632