



- Please send an application for Camp Wonder Hands.
- I am enclosing a camper sponsorship for \$500.
- I am enclosing a financial donation of \$_____.
- I am interested in volunteering for Camp Wonder Hands.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

Please mail to:

Palmetto Health Foundation
ATTN: Camp Wonder Hands/Diane Junis
1600 Marion St.
Columbia, SC 29201



*Make checks payable to
Palmetto Health Foundation*

LAUGHING

CANOEING

SINGING

DANCING

PLAYING

RIDING

SWIMMING

JUMPING

PAINTING

CREATING

CLIMBING

SIGNING

SMILING

LEARNING

DREAMING

RUNNING

COOKING

SLEEPING

EATING

WATCHING

STRETCHING

HIKING

PLAYING

BUILDING