



- 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**