



RailCamp Donation

Please note that donations are not tax deductible

First Name: _____

Last Name: _____

Billing Address: _____

City: _____ **State/Province:** _____

Zip: _____ **Country:** _____

Home Phone: _____

If paying by credit card please provide the following information:

Visa **Master Card** **Discover** **American Express**

Donation Amount: \$ _____

Credit Card Number: _____

Expiration Date (MM/YYYY): _____

Thank you for your donation to RailCamp please mail your membership form and payment to the RPCA Treasurer:

RPCA-Treasurer
Att: Stanlee Weller
1621 Green Acres Dr.
Kokomo, IN
46901
Office: 765-753-3010
Fax: 765-753-3024