



## Sponsorship for 2018 Camp Seale Harris Overnight and Day Camps

Dear Family,

We are looking forward to having your child/family attend one of our upcoming SDES–Camp Seale Harris camps! Information is attached that may be helpful as you begin planning.

If you think that your family will have difficulty with payment of the Camp Program Fee, you may consider recruiting a local business or civic club Sponsor to help you, or participating in the **Diabetes WALK for Camp Seale Harris** to raise donations from individuals, family, and friends. To participate in the WALK, go to [campsealeharris.org](http://campsealeharris.org) and click on **Diabetes WALK**. You can also have a business sponsor you in the WALK.

A business or civic club sponsor may provide a complete sponsorship and pay your child's/family's full Camp Fee, pay the remainder of your outstanding balance, or pay a portion of your Camp Fee. You may recruit more than one sponsor, if needed. We will credit sponsorship gifts to your account.

Our enclosed "Sponsor Request Package" includes information for the family and prospective sponsor. Also included is a form to be completed by the family and a representative of the sponsoring organization indicating the level of support which they will provide. Please complete the family section of the Scholarship Sponsor Request form, and then provide the form and the Sponsor Information sheet to each potential Sponsor.

After completing the Scholarship Sponsor Request, the sponsor is asked to return the form, with their gift enclosed, to the SDES office. This will help us assure that the sponsorship funds that are received are credited correctly to your child's or family's account. We will notify you of all funds that we receive from a sponsor on your behalf.

A \$25.00 Registration Deposit is due with the program registration. A deposit equal to 50% of the Program Fee is due 30 days prior to the opening of camp. We will accept the sponsor's written pledge to pay an amount greater than or equal to the child's/family's deposit in lieu of receiving the deposit from the family 30 days prior to the camp. The balance of the Program Fee is due on the first day of camp. To make certain that your child's place at camp is reserved, please send us the registration form and registration deposit as soon as possible.

We look forward to serving your family through our diabetes education programs.

Cordially,

Rhonda McDavid  
Executive Director



## 2018 Sponsor Information

Thank you for your consideration to sponsor a child with diabetes to attend diabetes camp, where he or she will learn critical diabetes management skills and “not be the only one with diabetes.” For many children, this opportunity is the difference in living healthy and well with this difficult disease. For some, it literally saves their life.

Each year, 650 children and 1,300 of their siblings and family members receive vital support, education, and encouragement at Camp Seale Harris overnight and day diabetes camps. All families receive aid from subsidized program costs for attendance. Over 70% cannot pay some, or all, of the remaining fees to attend.

Since 1949, Camp Seale Harris has been committed to serving every child, regardless of family ability to pay. We accomplish this every year only through the generosity of friends, including civic organizations and clubs, individuals, businesses, and other generous donors who help us cover costs for all children who need it.

When you sponsor a child to attend diabetes camp, you give them hope and empowerment to live well. As a 501(c)(3) non-profit charitable organization, all gifts to SDES are tax-deductible as provided by law. Additional information is available on our website at [campsealeharris.org](http://campsealeharris.org). Please consider referring a child for services or sponsoring a child from your community.

### **Full Sponsors**

All children/family camp fees are 30-60% less than cost of service. The difference is paid by sponsors and donors. Sponsors may provide full or partial sponsorships and are asked to provide full sponsorships when possible. Full sponsorships pay for the full cost of serving one child or family in the specific camp program.

### **(Partial) Camp Fee Sponsors**

A sponsor may choose to provide only the discounted camp fees for the family or child. Any amount is helpful. When Partial Camp Fee Sponsorship is provided, **SDES will need to solicit other donors on behalf of the child/family.**

### **The budgeted costs per child/family for the 2018 camp programs are:**

	<u>Full Sponsorship</u>	<u>(Partial) Sponsorship</u>
Camp Seale Harris Spring/Fall Family Camp	\$ 625.00	\$ 375.00
Camp Seale Harris Summer Family Camp	\$ 625.00	\$ 575.00
Camp Seale Harris Teen Leadership Forum	\$ 525.00	\$ 250.00
Camp Seale Harris Junior and Senior Camps	\$1,200.00	\$ 800.00
Coastal Camp Seale Harris–Mobile	\$ 900.00	\$ 500.00
Camp Seale Harris Day Camps	\$ 525.00	\$ 175.00

### **Family Investment**

SDES requests that all families pay the Registration Deposit of \$25.00 for each camp, which is included in the total program fee, as an indication of having a financial investment in the services being provided, and as a commitment to the child’s/family’s attendance at the program.



# CAMP SEALE HARRIS

SOUTHEASTERN DIABETES EDUCATION SERVICES

## Southeastern Diabetes Education Services 2018 Scholarship Sponsor Request

**This part to be completed by the family and given to the potential sponsor:**

Child's Name \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camp Fee(s) Due (See 2018 Sponsor Information)	List Camp Session Name _____ <i>(ex. Junior Week, Senior Week, Fall Family Weekend)</i>	\$	_____
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List Camp Session Name _____	\$	_____
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<b>Total Camp Fee(s)</b>	\$	_____
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a

How much did you, the family, pay or will you be paying toward the Camp Fee?	\$ -	_____
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b

<b>Total Estimated Camp Fee Balance</b>	\$	* _____
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(a-b)

**This part to be completed by the sponsor:**

Sponsor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_  
(if organization)

Address \_\_\_\_\_

\_\_\_\_ I understand that the total cost of serving this child/family is greater than the Camp Fee that is listed above, which has been discounted to help children with diabetes participate in camp. I would like to provide a full sponsorship to cover the total cost of serving this child/family as listed in the 2018 Sponsorship Information sheet (reverse side).

\$ _____	Amount of Full Sponsorship listed on reverse side
- \$ _____	Family Paid (line b above)
= \$ _____	Amount of Full Sponsorship being donated

\_\_\_\_ Although I/we am unable to provide a full sponsorship, I/we would like to help this child/family receive diabetes education and will provide a Partial Sponsorship in the amount listed below.

\$ \_\_\_\_\_ SDES will need to solicit other donors on behalf of this child/family.

**Please forward your gift with this form to:**

**SDES—Camp Seale Harris, 500 Chase Park South, Suite 104, Birmingham, AL 35244**

**Thank you for helping this child and his/her family!**