

A NIGHT OF *Comfort*

GOAL: 100 MATTRESSES



Yes, I/we will purchase



mattress(es) at \$300 each!

Name(s)

Mailing Address

City/State/Zip

Email

Phone

See reverse side for payment options >>

PAYMENT INFORMATION



Check *(payable to Trinity Pines)*



Credit Card *(VISA, MasterCard, American Express, or Discover)*

Card Number _____ CVV _____

Name on Card _____ Exp. Date _____

Amount to be Charged (\$300/MATTRESS) \$ _____ *Thank you for providing a Night of Comfort*

Card Billing Address _____

City _____ State _____ Zip _____

MAIL PAYMENTS TO : TRINITY PINES CAMP / 55 SW 5TH AVENUE, SUITE 100 / MERIDIAN, ID 83642