

Camp Scripture Fund Credit Agreement

DATE

CAMP NAME		CAMP NUMBER
CAMP ADDRESS		
CITY	STATE	ZIP

TO: SCRIPTURE COORDINATOR

STATE ASSOCIATION		
ADDRESS		
CITY	STATE	ZIP

At the present time our camp has Scripture distribution opportunities available; however the cost of Scriptures on the attached Scripture Order [Form 507] will cause our camp to have a negative Scripture Fund balance. Our camp Scripture Fund balance as of this date is \$_____ and the cost of Scriptures on the attached order is \$_____. During the last six months our camp has held _____ church presentations and we now have _____ church presentations scheduled. Our average church service offering is \$_____. We have also received \$_____ in GideonCard contributions during the last six months.

In order to cover the cost of the Scriptures on the attached order, our camp agrees to the following action:

1. Hold _____ church presentations within the next six months.

$$\frac{\$ \quad \quad \quad \times 35\% (.35) = \$ \quad \quad \quad}{\text{TOTAL CHURCH OFFERINGS} \qquad \qquad \qquad \text{CREDIT TO CAMP SCRIPTURE FUND}}$$

2. Promote and use the GideonCard Program.

$$\frac{\$ \quad \quad \quad \times 35\% (.35) = \$ \quad \quad \quad}{\text{TOTAL GIDEONCARD RECEIPTS} \qquad \qquad \qquad \text{CREDIT TO CAMP SCRIPTURE FUND}}$$

The total credit to our camp Scripture Fund during the next six months will be \$_____ [total of above church offerings and GideonCard receipts credited to the camp Scripture Fund after allocation]. We ask that you process the attached Scripture Order in consideration of the above commitment.

CAMP PRESIDENT SIGNATURE

CAMP TREASURER SIGNATURE