



Fire's burning, fire's burning...

These are words to one of those camp songs often sung at campfire—that magical, much-loved time of camp; that time of everyone gathering and singing, laughing, smiling and being together with no limits and no barriers. The song “Fire’s Burning” is a song of invitation into that special time and to come in close.

In fact, every hour, every day and every week at Camp Bimini we do that. We invite all to come together as we strive to be welcoming and inclusive. Each hour, day and week we live, play, eat and work together, living in a Christian community where everyone feels loved and valued for who they are. Every child, teenager and adult wants, needs and deserves this.

We invite you to be a part of a child’s time at Camp Bimini. The cost of a week of camp (\$270.00) is a challenge for some families so your gift of \$50.00 will help one child with the cost of camp for one day and a \$25.00 gift will help for one half day. Together all our gifts will make a difference.

CAMP BIMINI MISSION STATEMENT
We believe that Camp Bimini is a place where God’s creation comes together with respect for each other and the environment. It is our goal to give every child and youth a camping experience where they feel loved and valued for who they are. We strive to be welcoming and inclusive of each individual and provide a safe and nurturing place where campers may experience nature, grow spiritually and create lifelong friendships.

Simply fill in the form (with *your* information) below and mail to us along with your cheque. We will then issue a receipt (for gifts over \$10.00) and a card thanking you for helping a child have a week of camp where they can discover, play, live and be.

✿ Make your cheques payable to CAMP BIMINI

✿ Mail your donation and form to:

*Bert Clifford, Camp Bimini Treasurer
200 Bedford Dr.
Stratford ON N5A 7A1*

*Questions? Please contact Carol Young,
Coordinator: campbimini@cyg.net or 519-271-4129*

I want to give the gift of camp to a child!

| | |
|------------------------|----|
| x 1 FULL DAY \$50 = \$ | |
| x ½ DAY \$25 | \$ |
| Other amount | \$ |

GRAND TOTAL \$

NAME _____

ADDRESS _____

CITY _____

POSTAL CODE _____

PHONE NUMBER (_____) _____ - _____