

I AM A KODA...

...KODA MEANS KIDS OF DEAF ADULTS...MY PARENTS ARE DEAF.

"She told me that I was a KODA, and that was all I needed to hear. I had a name for my 'in between'. I had an identity. I was born to a Deaf couple, and my ears could hear--I was born again at the age of 15--'KODA'". Vanessa M., Camp Counselor

Dear _____,

As you may know, my parent(s) are Deaf, and I am hearing. There is a special name for kids like me—we are called **KODA**, which stands for *Kids of Deaf Adults*. I am so excited to share that there is a unique summer camp created especially for children like me! **KODAWest** will be hosting its **18th Annual KODAWest Camp from June 28–July 4, 2026**, at **Camp Edwards in Angelus Oaks, California**. This camp gives KODA children the opportunity to better understand our bi-cultural identities and to embrace both of our worlds—the Deaf world and the hearing world. In addition, we learn valuable lessons through nature experiences, outdoor adventures, and team-building activities.

I would be incredibly grateful if you would consider donating toward my camp tuition to help make it possible for me to attend KODAWest Camp this summer. A gift of any amount would mean so much to me and would help support an experience that will have a lasting impact on my life.

Thank you for your kindness and support.

With gratitude, _____

K O D A W E S T M I S S I O N S T A T E M E N T

KODAWest is a non-profit, 501(c)3 organization, which serves hearing children with parent/s who are deaf. Their mission is to bring these KODAs (Kids Of Deaf Adults) together in a support/peer group type of environment, such as camps and cultural enrichment programs. With this unique fellowship, these children will gain confidence and wisdom which will help them develop a better understanding of, and ability to embrace their two worlds: the hearing and the deaf. This organization also aims to provide resources and support workshops to deaf parents who face common issues while raising their KODAs.

Yes!! We would be *honored* to help you go to camp!

Donor Name: _____

Name of Child: _____

Address: _____

Amount of Donation: \$ _____

City/State/Zip: _____

E-mail Address (optional): _____

Donations (checks or money orders) need to be paid directly to KODAWest. Please complete and mail the bottom portion of this letter to the address below. PayPal donations accepted (a 1.99% service fee plus a .49 cent transaction fee will be added to your donation.) www.kodawest.org/yes-we-want-to-help KODAWest will inform the camper's parent/guardian of all contributions toward their fees. All donations are tax-deductible.