

ASSISTANCE LEAGUE® OF COLORADO SPRING (ALCS)

DONATION TO PROGRAMS OR PROJECTS

I wish to donate to the following: (please check box beside program/project):

- | | |
|---|---|
| <input type="checkbox"/> Operation School Bell® | <input type="checkbox"/> Bears for Children |
| <input type="checkbox"/> Kids on the Block | <input type="checkbox"/> Assault Survivor Kits® |
| <input type="checkbox"/> Operation Can You Hear Me? | <input type="checkbox"/> Capital Campaign |
| <input type="checkbox"/> Bargain Box Thrift Store | <input type="checkbox"/> Sweet Dreams |

If more than one item is checked, the donation will be divided equally for each.

Website: www.AssistanceLeagueCS.org

Check enclosed made payable to: Assistance League of Colorado Springs

My company will match my gift.

Please charge \$_____ to my VISA, MasterCard

Account # : _____ Expiration Date: _____

Cardholder's Billing Address: _____

City _____ State _____ ZIP _____

Signature (required): _____

Name(s): _____ Business: _____

Address: _____ City _____ State _____ ZIP _____

Phone: _____ Fax: _____ E-mail: _____

For recognition purposes, list donor name(s) as (please print): _____

This gift is made in memory of or in honor of (please check one) Name(s): _____

The chapter publishes donor names and/or amounts in publications viewed by the community. Please give full or partial permission to include your donation in these publications by selecting below: (You may view these publications prior to completing this portion by contacting the chapter.)

You may include only my name. You may include my: _____ name; _____ photograph; _____ donation.

Do not include any of my information as I wish the donation to be anonymous.

Please mail your check (if applicable) and this form to: Assistance League of Colorado Springs, P.O. Box 8124, Colorado Springs, CO 80933-8124

Gifts of any amount are appreciated. All gifts are tax deductible to the extent allowed by law. ALCS will provide written acknowledgement of all donations.