



## Donation Collection Form

Rider's Name \_\_\_\_\_ Rider # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Help us reduce mailing costs by providing your email address. Children's Hospital Colorado Foundation will not share your name with other organizations. By giving us your email address, you are OPTING IN to receive email from the Foundation. You may opt out any time by calling 720.777.1700.

### Important Donation Information

- Print all information clearly
- Have donors make checks payable to Children's Hospital Colorado Foundation/Courage Classic
- Please complete a Cash Donation: Request for Receipt Form if a cash donor requires a receipt, or if the collected check does not include the donor's name and address
- Write your rider number on every donation check
- Call 720.777.7499 or go online to [www.couragetours.com/donationform](http://www.couragetours.com/donationform) to download more forms
- Please make a copy for you records of each completed Donation Collection Form before turning it in

Suggested "Donation by Miles"
\$.50/mile = \$78.50
\$1.00 = \$157.00
\$1.25/mile = \$196.25
\$1.50/mile = \$235.50

Donor's Name	Mailing Address, City, State Zip	Phone	Donation Amount	Donation Received Y/N	Type of Donation	
					Check	Cash
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						