



Donation Form

- Donations to the Courage Classic support Children's Hospital Colorado and are deductible as a charitable gift.
- You will receive a receipt from Children's Hospital Colorado Foundation for your donation.
- The Foundation will inform the rider that you have made a gift.

Rider Information

Rider's Name _____ Rider # (if known) _____

Rider's City/State (if known) _____

Donor Information

Mr. Mrs. Ms. Miss Dr. Other _____

First Name _____ Last Name _____

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.

I have made a donation to Children's Hospital Colorado in the past

Gift Information

I wish to make a donation of \$ _____

I have enclosed a check made out to Children's Hospital Colorado Foundation/Courage Classic

Please charge my donation to my Credit Card:

Visa MC American Express Discover

Card # _____

Exp (month/year) _____ Security Code on back of card _____

Signature _____

Print and send this form to:

Children's Hospital Colorado Foundation/Courage Classic
PO Box 5003
Denver, CO 80217-5003

OR fax it to: 720.777.1799

Learn more about the Courage Classic

720.777.7499 • rideinfo@couragetours.com • www.couragetours.com

Find out about Children's Hospital Colorado Foundation

720.777.1700 • info@childrenscoloradofoundation.org • www.childrenscoloradofoundation.org