

## **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)	<u>-</u> ,
Rider's City/State (if known)		-
Donor Information		
[] Mr. [] Mrs. [] Ms. [] Miss [] Dr. Other		-
First Name	Last Name	<del>-</del>
Mailing Address		-
City	State/ZIP	-
Email	Telephone	_
email address, you are OPTING IN to receive email from the Foundation		ations. By giving us yo
[] 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 Hospita	I Colorado Foundation/Courage Classic	
[ ] To donate by Credit Card, please visit couragetours.org Gift Services. For security reasons, do not send your credit	<b>-</b>	

## 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

 $720.777.7499 \bullet courage classic@childrens colorado foundation.org \bullet Courage Tours.com$ 

## Find out about Children's Hospital Colorado Foundation

720.777.1700 • info@childrenscoloradofoundation.org • SupportChildrensColorado.org