



## Gift/Commitment Form

### Donor Information (please print or type)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  cell  home  business

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Pledge Information. I (we) pledge a total of \$\_\_\_\_\_ to be paid as a:

- One-time Gift Now*  *Recurring Gift.*
- Annual Pledge.* Installments over:
- Three Years  Monthly
- Two Years  Quarterly
- One Year  Annually in the month of \_\_\_\_\_
- Bi-annually in: month 1 \_\_\_\_\_
- month 2 \_\_\_\_\_

Your gift will be designated to the **Easterseals Colorado's Vestal Building** unless otherwise specified here:

\_\_\_\_\_

### Payment Details. I (we) plan to make this contribution in the form of:

- Check.* Please make check(s) payable to Easterseals Colorado.
- Credit Card.* Charged on the first business day of the month.
- Please charge my:  MasterCard  VISA  Discover
- Credit Card No.: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVV: \_\_\_\_\_
- Cardholder Signature: \_\_\_\_\_
- Stock.* Transfer Date: \_\_\_\_\_ Stock Name/Symbol: \_\_\_\_\_ # of shares: \_\_\_\_\_
- In-Kind.*  Goods  Services (Please see back of this form to provide more detailed information)
- Other:* \_\_\_\_\_
- Gift(s) will be matched by \_\_\_\_\_ (company/family/foundation)
- form enclosed  form will be forwarded

### Acknowledgment Information. Please use the following name(s) in all acknowledgments:

Anonymous

\_\_\_\_\_

Please sign and date below, confirming your financial commitment to Easterseals Colorado.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*Easterseals Colorado is a 501(c)(3) nonprofit organization. As such, your contribution is tax-deductible to the full extent of the law, though this is not intended as legal or tax advice. Kindly consult with your professional advisor(s) regarding your particular situation.*



## Easterseals Colorado In-Kind Donation Form

Date: \_\_\_\_\_ Item Value: \_\_\_\_\_

My company/I will be donating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Donor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Questions? Please contact:

**Dave Jackson**

Jackson Design Build

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***Easterseals Colorado is a 501(c)(3) organization. Tax I.D. # 84-0412575***

*Thank you so much for your donation; it will make a difference in the lives of the children and adults with disabilities who rely on Rocky Mountain Village*

**Easterseals Colorado**

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[www.eastersealscolorado.org](http://www.eastersealscolorado.org)