



Mountain States Chapter Paralyzed Veterans of America



DONATE TO THE MOUNTAIN STATES CHAPTER PVA!

Thank you for your interest in supporting the Mountain States Chapter of the PVA! Please print out this form, fill in all pertinent information and mail to:

Mountain States Chapter of the Paralyzed Veterans of America
12200 East Iliff Avenue, Suite 107 • Aurora, Colorado 80014
303-598-0038 • 800-833-9400 • Fax: 303-597-0039

Be sure to complete all of the appropriate fields below and check for accuracy once you have filled them in. If you have any questions or would rather make a donation by phone, please call either the local or toll free number listed above.

Personal Information			
First Name:		Last Name:	
Company (corporate donors only):			
Street Address:			
City:		State:	Zip:
Telephone (please include area code):			Fax Number:
<input type="checkbox"/> My company has a matching gifts program. Employer Name:			
Contribution Type / Amount			
<input type="checkbox"/> Individual Contributor Please select the type and amount you wish to contribute from the column to the right. Each level of contributor is entitled to the bulleted items listed respectively.		<input type="checkbox"/> \$25 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other amount: \$ _____	
<input type="checkbox"/> Please check here if you want to make this contribution a recurring, monthly gift. <i>Note that by selecting this option, your credit card will be assessed your contribution on a monthly basis until you instruct the Mountain States Chapter otherwise.</i>			

(continued next page)

Contribution Type / Amount (cont.)

Corporate Contributor

Please select the type and amount you wish to contribute from the column to the right. Each level of contributor is entitled to the bulleted items listed respectively.

Please check here if you want to make this contribution a recurring, monthly gift. *Note that by selecting this option, your credit card will be assessed your contribution on a monthly basis until you instruct the Mountain States Chapter otherwise.*

\$100

\$300

\$500

\$1,000

\$5,000

\$10,000

Other amount: \$ _____

Payment Information

The following information must be completed to complete your donation.

Payment Type: Credit Card Personal Check # _____ Company Check # _____

Type of Credit Card: Discover MasterCard VISA Diners Club JCB

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature on Card: _____

Notes

Thank you for your support of the PVA. All donations are tax-deductible (IRS #84-6036190).

Please retain a copy of this form for your records.