## **Donation Form**



## Thank you for considering a gift to Devereux Advanced Behavioral Health Colorado.

Your generous support will help change the lives of children and adults with special needs. To give via our secure website please visit us at <a href="devereuxco.org/giving">devereuxco.org/giving</a>.

I/we have enclosed a check in the amount of \$ made payable to Devereux Colorado.   I/we would like to remain anonymous in all donor-related publications.   I/we would like to make a recurring monthly donation of \$ months.    Memould like to make a recurring monthly donation of \$ months.    Memould like to make a recurring monthly donation of \$ months.    Matching Gift Information		Yes, I would like to help Devereux make a difference.
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I/we would like to make a recurring monthly donation of \$ months.    Billing Information		
Billing Information Name:		
Name: Address: City/State/Zip: Telephone: Email: Please charge this amount to my credit card: Credit Card Information: Mastercard Visa American Express Discover Account Number: Expiration Date: Print Name (as it appears on card): Signature:  Please Designate My Donation Where the need is most essential To a Devereux center Center Name: To a Specific Fund Fund Name:  Tribute Information In honor of: In memory of: Please send notification of this gift to with the following note: Name & Address: Note:  Joint Donor Information Employer Name: Address: Estate Planning Information		
Name: Address: City/State/Zip: Telephone: Email: Please charge this amount to my credit card: Credit Card Information: Mastercard Visa American Express Discover Account Number: Expiration Date: Print Name (as it appears on card): Signature:  Please Designate My Donation Where the need is most essential To a Devereux center Center Name: To a Specific Fund Fund Name:  Tribute Information In honor of: In memory of: Please send notification of this gift to with the following note: Name & Address: Note:  Joint Donor Information Employer Name: Address: Estate Planning Information	Billing Information	
Address: City/State/Zip: Telephone: Email: Please charge this amount to my credit card: Credit Card Information:    Mastercard   Visa   American Express   Discover		
City/State/Zip: Telephone: Email: Please charge this amount to my credit card: \$ Credit Card Information:   Mastercard   Visa   American Express   Discover Account Number:   CVV:   Expiration Date:   Print Name (as it appears on card):   Signature:   Please Designate My Donation   Where the need is most essential   To a Devereux center Center Name:   To a Specific Fund   Fund Name:   In honor of:   In memory of:   Please send notification of this gift to with the following note:   Name & Address:   Note:    Joint Donor Information   Employer Name:   Address:   Estate Planning Information   Employer Name:   Address:   Care of the care	Address:	
Telephone: Email: Please charge this amount to my credit card: Credit Card Information: CVV: Expiration Date: Print Name (as it appears on card): Signature:  Please Designate My Donation Where the need is most essential To a Devereux center Center Name: Tribute Information In honor of: In memory of: Please send notification of this gift to with the following note: Name & Address: Note:  Joint Donor Information Employer Name: Address:  Estate Planning Information	City	y/State/Zip:
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Please Designate My Donation  Where the need is most essential  To a Devereux center Center Name:  Tribute Information  In honor of:  In memory of:  Please send notification of this gift to with the following note:  Name & Address:  Note:   Joint Donor Information  Matching Gift Information  Employer Name:  Address:  Address:  Estate Planning Information		
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Matching Gift Information  Employer Name: Address:  Estate Planning Information		
Employer Name:Address:  Estate Planning Information		
Estate Planning Information	Employer Name:	
□ I would like information on how to include Devereux in "My Will."		

□ Please send me information on how Devereux can provide me with a life income and reduce my taxes.