

AURORA MENTAL HEALTH CENTER

11059 E. Bethany Drive, Suite 200, Aurora, Colorado 80014 • 303-617-2300 • Fax 303-617-2397 • www.aumhc.org

To Make A Donation

Please print the donation form, fill out completely, and mail along with your payment to:

Tawney Bass
Aurora Mental Health Center
11059 E. Bethany Drive, Suite 200
Aurora, CO 80014

You will receive a tax deduction letter in the mail acknowledging your generous support. If your employer has a donation-matching program, please enclose any necessary forms.

For further information or to follow up, feel free to call Tawney Bass at 303.617.2361 or e-mail tawneybass@aumhc.org.

Thank you for your support today!

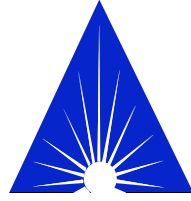
For your records:

Date mailed donation: ____/____/____

Amount donated: \$ _____

Program supported: _____

Type of payment: _____



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DONATION FORM

I would like my gift to support:

- | | |
|--|--|
| <input type="checkbox"/> Endowment Fund* | <input type="checkbox"/> Children's Programs** |
| <input type="checkbox"/> Holiday Food and Gift Baskets | <input type="checkbox"/> All Services at Aurora Mental Health Center |

* Your gift will be matched 50% by the Community First Foundation if donated before March 31, 2008.

** Donations qualify for Colorado income tax credit.

Please accept this donation on behalf of: _____

Please accept this donation in memory of: _____

- Donation of:
- | | |
|-----------------------------|---------------------------------------|
| <input type="radio"/> \$25 | <input type="radio"/> Other \$: _____ |
| <input type="radio"/> \$50 | <input type="radio"/> Tickets |
| <input type="radio"/> \$100 | <input type="radio"/> Goods |
| <input type="radio"/> \$200 | <input type="radio"/> Service: _____ |

Check: Check number: _____ Payable to ***Aurora Mental Health Center***

Credit Card: Visa® Mastercard®

Name on Card: _____ Card Number: _____

Card Security Code: _____ Expiration Date: _____/_____/_____

Signature: _____

Contact Information:

Your Name: _____

Company: _____
(if applicable)

Address: _____ Ste/Apt: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

I would prefer not be publicized in your newsletter, annual report, and website when you thank your donors.

I would prefer not to receive your free quarterly newsletter, *AuMHC Perspectives*, or other communications from you.