



Please send in your donation with this form to:

The Denver Post Season to Share
Processing Center
25540 Network Place
Chicago, IL 60673-1255

Personal Information:

Prefix _____ First _____ M.I. _____ Last _____ Suffix _____

Spouse Information

Prefix _____ First _____ M.I. _____ Last _____ Suffix _____

Is this donation on behalf of an organization? Yes No Org. Name _____

Street Address _____ Apt./Unit _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Donation Information:

I would like to make a gift in the amount of: \$ _____

_____ Enclosed is my check payable to *The Denver Post Season to Share*

_____ Please charge my: Visa MasterCard Discover American Express

Card Number _____ Exp. _____ Signature _____
(RR McCormick Fdn will appear on your statement)

_____ I would like to make this a recurring gift. Charge my credit card \$ _____ on the first Monday of every month until further notice.

Have you included an employer matching gift form? Yes No

Donation Acknowledgment

You can choose to make your gift a tribute to a person you know or admire.

Please make my gift: In honor of _____
In memory of _____

If you would like this individual or his/her family to receive a letter from The Denver Post Season to Share recognizing your gift, please include the information below.

Your name and donation may be listed in future publications or online. To be included, check Yes below.

- Yes, publish my name as: _____
- No, do not publish my information.