



**By Mail:** Please print this form and mail it with your check or credit card information to:

MDS Counseling Center  
Attn: Hope Wagner  
1355 S. Colorado Blvd., C-100  
Denver, CO 80222

**By FAX:** To make a donation by fax, please print this form and fax it with your credit card information to: 303-756-0308

**Yes! I would like to support MDS Counseling Center.  
Enclosed is my gift of:**

\$35       \$50       \$75       \$100       \$250       Other: \$\_\_\_\_\_

My gift is in honor of: \_\_\_\_\_

My gift is in memory of: \_\_\_\_\_

**Contact Information:**

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contribution Information:**

I am enclosing a check payable to MDS Counseling Center

Please charge the amount indicated above to my credit card.

Type of Credit Card:

Visa                  MasterCard                  American Express                  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

**Thank you!  
You will be receiving a letter from us for your records.**