



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

MDS Counseling Center
Attn: Hope Morgan
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.**