



Sensation Celebration
DONATION FORM

Donation by credit card – Please complete this form and SIGN where indicated.

Mail form to the STAR Institute at the address below

or fax to 303.322.5550

Donation by check – Please complete the form below and mail with your check to the address below.

Name _____

Address _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Email _____

(We will never share your information with anyone.)

Donation amount \$25 \$50 \$100 \$1000 Other \$ _____

I'd like to make a regular monthly donation of \$ _____

Check enclosed

Charge to my Visa MasterCard

Account Number _____ Expiration Date _____

Security code (three digit code on back of card) _____

Signature _____ Date _____

Thank you for your generous support!

The STAR Institute is a 501(3)c public charity

TAX ID # 27-4386097