

## **Donation Form**

Complete and mail this form to STAR Institute, 6911 S. Yosemite St., Centennial, CO 80112 or fax to 303.322.5550

Donation by Credit Card – Please complete all information and sign at the bottom.

**Donation by Check** – Please complete all information and mail with your check.

Name							
Address							
City							
ZIP/Postal Code		Country					
Email address							
Donation Amount	□ \$1,000	□ \$500	□ \$250	\$100	□ Othe	r \$	
This gift is in memor	y/in honor of _						
Please acknowledge	e this gift to						
Their address							
I'd like to make a reo	gular monthly	donation o	of \$		-		
Check Enclosed	Charge to my	y □Visa	□ MasterCard	🗆 Disc	cover 🗆	American Expre	SS
Account Number			Expi	ration Da	ate		
Security Code (three	e digit code on	back of c	ard)				
Signature			Date				
<b>Matching</b> To	find out whether	your compa	oyer are a grea any matches emplo ice or corporate cor	yee donat	tions, conta	<b>ze your Gift!</b> ict your	
	u will receive an a We do	acknowledge not share o	ement and tax rece ur donor informatio AR Center Found	eipt from u on with any	s for your r /one.	ecords.	