



# Make a Tribute/Memorial Gift or Give a Gift Membership

Please print this form and fill it out completely. Mail it to the address below with payment.

### Your Information:

Please provide your personal information for proper gift processing.

- I am a current/former member
- Please add me as a new member
- Please do not add me as a member

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Payment Information:

Gift Amount: \$ \_\_\_\_\_

Payment Method

- Check
- Credit Card

Credit Card # \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Recipient Information:

- Donation in honor of recipient
- Donation in memory of recipient
- Gift Membership for recipient

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Notification should be sent to:

- Same as above

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Please send to:

**Colorado Public Radio**  
 Attn: Specialty Giving  
 7409 S. Alton Court  
 Centennial, CO 80112

**Thank you for supporting  
 Colorado Public Radio**



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