

Donation Record for the Eastern Colorado Health Care System

Questions? Contact the Cathy Suazo at 303-393-2802.

DONOR INFORMATION			
NAME:			
ADDRESS:	Street:		
	City:	St:	Zip:
TELEPHONE:	Telephone:		Date:
SIGNATURE			

Send acknowledge ment letter to:	Organization:		
	Street:		
	City:	St:	Zip:

DONATION INFORMATION			
Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Item
	<input type="checkbox"/> Activity		
If cash/check, please deposit in the following General Post Fund:			
Description <small>(Include number of items)</small>			
	Value of Donation	Number of hours invested	

Volunteer Hours Connected With this activity	
Hours	Name

For Office Use Only			
Processing Date:	Check No.	Post Number	Acknowledgment Sent?

Thank you for your generous support!