

# Donation Record for the Eastern Colorado Health Care System

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

DONOR INFORMATION			
<b>NAME:</b>			
<b>ADDRESS:</b>	Street:		
	City:	St:	Zip:
<b>TELEPHONE:</b>	Telephone:	Date:	
<b>SIGNATURE</b>			

<b>Send acknowledgment letter to:</b>	Organization:		
	Street:		
	City:	St:	Zip:

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

Volunteer Hours Connected With this activity	
Hours	Name

For Office Use Only			
<b>Processing Date:</b>	Check No.	Post Number	Acknowledgment Sent?

**Thank you for your generous support!**