

For University	of Colorado	Foundation Use Only:
Donor EID#		Appeal Code:

My gift is to support:					
Your information					
Name					
Address	City		State	Zip	
Email	O Hc O Wo	ome ork Phone		O Home	
I would like to give	Please choose an option below				
☐ A one-time gift of	☐ An ongoing gift of \$				
○\$100 ○\$75 ○\$50 ○\$25	OR charged O month	nly <i>or</i> O quarterly to	credit card provided	below	
Other: \$					
Payment information	Please choose an option below				
▶ ☐ A check is enclosed (paya	able to the University of Colorado	Foundation)			
▶ ☐ I authorize the University of	f Colorado Foundation to charge r	my credit card in t	he amount of \$		
Complete your credit card infor	mation:				
Name on card	O\	/isa OMastercard	O American Expres	ss O Discover	
Card number	Ехр	iration date	(mm/yy)		
Signature					
Visit giving.cu.edu to make	a gift online.				

Questions?

Call 303-541-1290 or email giving@cu.edu

Mail this form and check, if applicable, to: University of Colorado Foundation P.O. Box 17126 Denver, CO 80217-9155



Matching gifts. Maximized giving.

Visit giving.cu.edu/matching to see if your employer will match your gift.