



# 2022 Donation Form

**Contact Information:** Please update your information below:

Name:	
Company:	
Address:	
Phone Number:	
Email:	
Primary Contact:	

**\*Contribution:** Please mark selections below and update amount as desired.

One-Time Contribution	Annual Pledge
<input type="checkbox"/> Yes, I would like to make a one-time contribution to CHREF. I've enclosed my payment of: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$500 <input type="checkbox"/> \$300 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: _____	<input type="checkbox"/> I pledge to annually contribute: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> Other: _____ <input type="checkbox"/> We wish to establish a named endowment fund. Please contact us.

**Acknowledgements:**

- I (we) wish our gift remain anonymous.
  - Please use the following name(s) in acknowledgements: \_\_\_\_\_
- Donations are designated to the CHREF annual fund, unless otherwise noted.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Payment Information:**

- Check enclosed. No.: \_\_\_\_\_ (please make to CHREF)
- Credit Card charge. Authorized amount: \$

Credit Card Holder			
Credit Card Number			
Expiration Date		Verification Code	
Authorized Signature			

**Return this form, along with check or other payment payable to:**

Colorado Horticulture Research & Education Foundation  
 959 S. Kipling Pkwy, Suite 200, Lakewood, CO 80226.  
 303.758.6672 | info@coloradonga.org