



## MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

### DONOR INFORMATION

Donor Name (First Name and Last Name): \_\_\_\_\_

Organization Name (Fill this out only if you're making your donation on behalf of an organization): \_\_\_\_\_

### ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_  Home  Mobile

### PAYMENT OPTIONS

One Time Gift Amount: \_\_\_\_\_

- I'm enclosing my check made payable to the Asian Chamber Foundation of Colorado
- Please charge my credit/debit card:
  - Visa  MasterCard  American Express  Discover

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

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

### Become an ACFC Dragon Donor!

Your monthly gift can make a meaningful difference.

- YES! Please bill my credit/debit card in the amount of \$\_\_\_\_\_per month.
- YES! I would like to make a monthly gift in the amount of \$\_\_\_\_\_using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling (303) 358-3647.

### I WANT TO SUPPORT

Please designate your gift to one of the following:

- Where It Is Needed Most
- Programming
- Scholars Trip to Washington, D.C.
- Scholarships
- Other (please specify): \_\_\_\_\_

Your questions and feedback are very important to us. Please feel free to contact us at [info@aapifoundation.org](mailto:info@aapifoundation.org) or call (303) 358-3647. Thank you for your support.

Please mail this completed form to: Asian Chamber Foundation of Colorado  
444 Sherman St., Suite DBC, Denver, CO 80203