

**PARENT TO PARENT OF COLORADO
DONATION FORM**

NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

DAYTIME PHONE (_____) _____

E-MAIL ADDRESS _____

I am a Parent to Parent member.

I am a professional.

I would like more information about becoming a P2P member or P2P supporter.

I would like to make this gift in honor of _____

*Enclosed is my gift of \$ _____ (Please make check payable to C.P. of Colorado, and designate it to PARENT TO PARENT.)

*Please charge my credit card \$ _____ Visa MasterCard

Credit Card Number _____

Expiration Date _____

Name on Card _____

Signature _____

PLEASE RETURN THIS DONOR FORM & PAYMENT TO:
CEREBRAL PALSY OF COLORADO
801 YOSEMITE STREET
DENVER, CO 80230