



COTBDAA

“Increasing Tick-Borne Disease Awareness in Colorado through Education, Prevention, Research & Advocacy”

Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

Donation Information

I (we) plan to make this tax deductible donation in the form of:  Check  PayPal

Gift will be matched by (company/family/foundation) \_\_\_\_\_

Form enclosed  Form will be forwarded

Purpose of Donation

General Donation  Anorexia Nervosa Research

Honorary Information

Please send an honorary donation notice to the following person(s): \_\_\_\_\_

Address: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date:

Please make checks, corporate matches,  
or other gifts payable to:

COTBDAA  
9996 W. Hwy 50  
PMB 1115  
Salida, CO 81210