



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

### 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