

**MAIL- IN DONATION FORM**



**COTBDAA**

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

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

**Mailing Address: 9996 W. Hwy 50, PMB 1115, Salida CO 81201**

**Donation Amount: \$ \_\_\_\_\_**

**Check #: \_\_\_\_\_** (Please Write LA4K or General Donation in Memo)

**ALL Donor Information Is Required.** (Please print or type. We will only contact you by phone if necessary. COTBDAA does not sell or share your personal information.)

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Designation of Donation:**

- General Donation
- LymeAid 4 Kids Fund (LA4K)

**Dedication Information:** Honoree's Name: \_\_\_\_\_

- Honorary
- Memorial

**Please send an honorary/memorial donation notice to the following (Person/Family):**

- I/we wish to have my/our gift remain anonymous.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

**OR**

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

City/State/Zip: \_\_\_\_\_

Message: \_\_\_\_\_

\_\_\_\_\_