



Colorado Springs Indian Center  
701 N. 20<sup>th</sup> Street, Colorado Springs, CO 80904  
(719) 599-8630

## CSIC Gift Form

I would like to donate the following amount \$\_\_\_\_\_.

If donating by Check, please mail your check to the address above.

If donating by Credit Card, please use the “Donate” button on the website.

### **Please provide the following information in full**

Circle Your Preferred Title: Ms Mrs Mr Dr None other\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Country \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ I do not want to receive email (check or x if you do not want to receive email.)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_