



MAIL-IN DONATION FORM

THANK YOU FOR YOUR GIFT!

Return by Mail to:
DAI
13710 Struthers Rd Suite 120
Colorado Springs, CO 80921 USA

CONTACT INFORMATION:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

CHECK OR CASH DONATION:

Check / cash amount: \$ _____
Please make checks payable to DAI.

ELECTRONIC FUNDS TRANSFER DONATION

EFT amount: \$ _____ Frequency: Monthly
Please enclose a voided check. Monthly date: 1st 15th

CREDIT CARD DONATION

CC amount: \$ _____ Frequency: Monthly
Card number: _____ Monthly date: 1st 15th
Name on card: _____ Card type: Visa
Signature: _____ Exp. date (mm/yy): _____

GIFT DESIGNATION

Use this gift for: Where Needed Most

Designation instructions: _____