

Donation Form for Desert Waters Correctional Outreach (DWCO)

First Name: _____ Last Name: _____

Billing Address: _____

*Telephone: _____ * Email: _____

*Providing us with your telephone number and email address allows us to contact you if necessary, and to send you your receipt and acknowledgment letter electronically. DWCO does not sell or share your contact information with anyone.

Donation by Check

Check Date: _____ Check Number: _____ Amount Donated: _____

Please make your check payable to DWCO, and mail check to DWCO, PO Box 355, Florence, CO 81226-0355.

Donation by Credit Card

Credit Card: Visa MC Discover AMEX

Amount: \$ _____

Once Monthly Quarterly Annually

Credit Card No: _____

Exp. Date (MMYY): _____

Name on Card: _____

Authorization Signature: _____

DWCO is a 501(c)(3) tax-exempt corporation, Tax ID 30-0151345.

Your donation is tax deductible to the fullest extent permitted by U.S. tax law.

No goods or services are provided in exchange for this donation.