

Donation Form

Please use my/our gif	t in one of the programs	listed below.	
☐ Community Grant☐ General Support o			ship Program
Donation			
☐ I have remembere☐ I would like to dis estate planning.	Ü	Osteopathic Founda lo Springs Osteopat	thic Foundation a part of my
rvaine(s)			
Address			
City	State		Zip
Phone	Ema	StateZipEmail	
Gifts may be made in	memory of and in honor	of individuals.	
Gift is in honor of		_ Gift is in memor	y of
Please send an ackno	wledgment letter to		
Address			
City	State		Zip
Donor Categories 1% Legacy Society: A.T. Still Circle: Associate: Benefactor:	\$10,000 & Above \$5,000 - \$9,999 \$1000 - \$4,999	Heritage: Friend:	
Patron:	\$500 - \$999		

Please call the Colorado Springs Osteopathic Foundation (719) 635-9057 if you have questions or

Thank you!

need further information.