Donation Form — I want to help!

I am pleased to make a contribution to support the charitable services of the Center for Hearing, Speech and Language

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Donation* ❒ $500 ❒ $100 ❒ $50 ❒ $25 ❒ OTHER: _____

If you would like to restrict your contribution to a specific program, please indicate by checking below:

❒ HEARING AID BANK ❒ SPEECH THERAPY BANK ❒ SPEAK ❒ KIDSCREEN ❒ UNRESTRICTED

❒ **My company is interested in making an in-kind donation. Please contact me for details.**

Method of Payment: ❒ CHECK/MONEY ORDER (enclosed) ❒ VISA/MASTERCARD

CREDIT CARD # _____

EXP DATE: _____ 3 DIGIT SECURITY NUMBER _____

* **NOTE:**	**All donations to CHSL are tax deductable and a written acknowledgement of your donation will be provided for your records**

You may either fill out this form and fax or mail it to us. If you have any questions, please do not hesitate to call.

Contact information:

Center for Hearing, Speech and Language
4280 Hale Parkway
Denver, CO 80220
303-322-1871 (Phone)
303-399-3411 (Fax)
info@chsl.org (Email)