

CHANGE A CHILD'S STORY.™



Please choose the amount you would like to give:

\$100 \$250 \$500 Other Amount \$

I wish to pay in full.

I wish to make monthly payments of \$ _____ for:

12 months 24 months 36 months

I would like to pay by:

Check payable to CASA

Auto Bank Withdrawal (attach voided check for monthly payments)

Credit Card (Visa, MC, Discover) # _____ Exp. _____

The Colo. Child Care Contribution Tax Credit is for gifts of \$250 or more paid in one calendar year.

Please send me a CCCCTC form to file with my taxes. I will consult my tax preparer for details.

Employer Matching Gift Programs

I would like to double the impact of my gift through my employer's matching gift program and will submit my requested gift match to the appropriate person at my employer. My employer is:

Contact Information

Name:

Address:

City:

State:

Zip:

Email:

Phone:

Name of Table Host or person who invited me to attend this event:

I would also like to make a difference by:

Becoming a CASA Volunteer

Hosting a table at Light of Hope North in 2021

Joining CASA's Legacy Society (including CASA in a will, insurance policy, annuity, etc.)

Becoming a CASA Business Partner

Thank you for investing in a child's life!

Please print this form and mail it to:

CASA of the Pikes Peak Region / 418 South Weber Street / Colorado Springs, CO 80903 / 719-447-9898 / casappr.org