



# COLORADO P.E.O. CHARITABLE CORPORATION

## DONATION FORM

**From a Chapter:** Chapter \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

**or**

**From an Individual:** Name \_\_\_\_\_ Chapter \_\_\_\_\_ Date \_\_\_\_\_

Is your gift in Honor or Memory of someone? If so, please let us know:

In Honor **OR** Memory of \_\_\_\_\_ Chapter \_\_\_\_\_  
*(please circle one)*

*Where would you like your funds to go? Please check the box (or boxes) and indicate amount(s):*

- Colorado P.E.O. Charitable Corporation \$ \_\_\_\_\_
- Colorado P.E.O. Chapter House General Fund \$ \_\_\_\_\_
- Chapter House Endowment Fund \$ \_\_\_\_\_
- Chapter House Share the Care Fund \$ \_\_\_\_\_
- Marguerite Fund \$ \_\_\_\_\_
- Marguerite Fund Christmas Shower \$ \_\_\_\_\_

The mission of the Colorado P.E.O. Charitable Corporation shall be to protect, preserve, and promote the qualifying State of Colorado's P.E.O. 501(c)(3) projects.

**Leave a gift of love...remember Chapter House, Marguerite Fund and CPCC in your will, trust or life insurance policy.**

# *Thank you for your gift!*

**Total Enclosed** \$ \_\_\_\_\_ **Check #** \_\_\_\_\_

Signed \_\_\_\_\_ Please print your name \_\_\_\_\_

Are you *(please check one)*  Chapter Treasurer **OR**  Individual Donor

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please make your check payable to **Colorado P.E.O. Charitable Corporation**

Mail check and this completed form to: CPCC, 1819 W. Cheyenne Road, Colorado Springs, CO 80906