CHEYENNE MOUNTAIN ZOO MONTHLY GIVING SIGN-UP FORM

L I I	would love to give	a monthly de	onation to C	Cheyenne	Mountain Zoo!
Donation amo	ount: \$5 \$10	_ \$25 \$5	0 \$75	\$100	Other: \$
I would like to	donate on the	day	of the month	n, starting_	
Donor Inform	nation:				
Full Name (pr	inted):				
Billing Addres	S:				
City:			_ State:	Zip	:
Daytime phor	ne:				
Email address	5:				
Payment Info	ormation:				
Visa	MasterCard	America	n Express	D	iscover
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credit card, as		understand th	nat I can car	ncel this a	nonthly payments on r uthorization at any tim s.
Signature:					Date:
Start your co following wa		This form ca	n be sent to	Cheyenr	ne Mountain Zoo in ti
Attn: Em 4250 Chey	enne Mountain Zoo maline Repp-Maxw /enne Mountain Zoo o Springs, CO 8090	vell o Rd.			

Fax: (719) 633-2254 Email: <u>erepp@cmzoo.org</u>

Please note, a single acknowledgement letter totaling the entire year's contribution is sent at the end of every year for tax purposes. Thank you for such an important contribution!