



## 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 deductible 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:*

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