



Mail-In Gift Form

Please return this form with your payment to:
Colorado State University Foundation – CoCoRaHS
P. O. Box 1870
Fort Collins, CO 80522-1870

Contact Information

Name: _____

Address: _____

Phone Number: _____ e-mail address: _____

Gift Information

CoCoRaHS Network Giving Levels

- | | | |
|--------------------------|-------------|-------------------|
| <input type="checkbox"/> | \$1,000+ | Monsoon Level |
| <input type="checkbox"/> | \$500-\$999 | Squall Level |
| <input type="checkbox"/> | \$250-\$499 | Downpour Level |
| <input type="checkbox"/> | \$100-\$249 | Steady Rain Level |
| <input type="checkbox"/> | \$50-\$99 | Shower Level |
| <input type="checkbox"/> | \$10-\$49 | Splash Level |
| <input type="checkbox"/> | \$ _____ | Other |

Payment Information

Enclosed please find my check made payable to: Colorado State University Foundation

Please charge my credit card: Visa Mastercard American Express

Card Number: _____

Expiration date: _____

Cardholder name: _____

Signature: _____