



Please complete and return to:
Harmony Foundation
Attn: Development Department
P.O. Box 1989
Estes Park, CO 80517

Email Address: _____

I would like to receive **Harmony Foundation** news, announcements and information via email.

First Name: _____ MI: ____ Last Name: _____

Company/Organization Name: _____

Address _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____ Mobile Phone: _____

Yes, - I/we want to support Harmony Foundation. Please accept my/our gift of:

Donation Amount \$ _____

- ☐ Check is enclosed for \$ _____ Please make payable to **Harmony Foundation**.
- ☐ Please bill me/us Date: _____
- ☐ Please accept my credit card payment:
Name as it appears on card: _____
____ Visa ____ Mastercard ____
Credit Card Number: _____ Expiration Date: _____
Credit Card Security Code: _____ (3 digit code on back of most cards)

Please direct this gift to:

- ☐ Support Campus Development
- ☐ Grow Harmony Scholarship Fund
- ☐ Enhance Outpatient Programs
- ☐ Save a Life Fund (student assistance)
- ☐ Educate Tomorrow's Staff or Educate our Alumni
- ☐ Enhance Harmony Family Programs
- ☐ Bolster Alumni Activities
- ☐ Address Critical Needs

- ☐ My employer _____, will match my gift. Enclosed is a matching gift form.
- ☐ Please provide me with information about how to remember **Harmony Foundation** in my will/estate plan.
- ☐ **Harmony Foundation** is included in my will.
- ☐ Check here if you DO NOT want your gift publicly acknowledged.
- ☐ My/our gift is made in Tribute to: _____
- ☐ My/our gift is made in memory of: _____

Please complete name of person/s you wish to honor or memorialize so we can let them know.

First Name: _____ MI: ____ Last Name: _____

Address Line: _____

City: _____ State: ____ Zip/Postal Code: _____

Your gift is tax deductible to the extent of the law. THANK YOU for supporting **Harmony Foundation**