



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**