GIFT FORM



4645 Star Ranch Road, Colorado Springs, CO 80906-7653 Office: 719.540.5338 FAX: 719.540.5338 Mobile: 719.271.5050

Email: info@goldenlotusfoundation.org www.goldenlotusfoundation.org

Please PRINT all information		
DATE	Т	THANK YOU FOR YOUR SUPPORT!
O Mr. O Ms. O Mrs. O Dr.		
NAME		
BUSINESS NAME		
ADDRESS		
CITY	STATE	ZIP CODE
Preferred Contact Telephone Number	er	(circle one: Home, Work, Mobile)
Email		
Name (s)		as I/we would like it to appear in recognition
O Please check here if you wish you	r gift to remain anonymous.	
YES, I AM PLEASED TO PROVIDE I	NEEDED SUPPORT FOR GOLDEN L O	OTUS FOUNDATION.
Enclosed is my check* in the amou	unt of:	
	\$250 O \$100 O \$75 O \$50 C	O Other \$
(or) My pledge of \$ will be	e given: monthly, quarterly, biannually,	annually beginning on
(We will send reminders)		(Date)
	or of In	
(Circle one)	Name	Name
Where needed most Mult	tipurpose Center Capital Fund	Golden Lotus Foundation Academy
To begin Legacy Fund for:		
DAVMENT METHOD	Name of Legacy Fund	
PAYMENT METHOD Check or money order enclosed. MAIL to Go * Please make checks payable to Golden Lo	olden Lotus Foundation, 4645 Star Ranch Road	d, Colorado Springs, CO 80906-7653

The IRS requires us to inform you that no goods or services have been provided in consideration for your gift. Your contribution is fully tax deductible. Golden Lotus Foundation is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, Identification Number 90-0660261.