



Hope ~ Health ~ Well-Being

Donation Form

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ PHONE _____

Supporting Partnership Levels

- PLATINUM PARTNER \$500 - \$1,000 DONATION
- GOLD PARTNER \$300 - \$499 DONATION
- SILVER PARTNER \$100 - \$299 DONATION
- BRONZE PARTNER \$ 50 - \$ 99 DONATION
- OTHER \$ _____

20/20 PARTNER
\$20 per month for 20 months

METHOD OF DONATION: (PLEASE CHECK ONE) CHECK VISA MASTERCARD

IF DONATING BY CREDIT CARD PLEASE FILL IN THE FOLLOWING INFORMATION:

NAME ON CARD _____ ZIP CODE WHERE STATEMENT RECEIVED _____

AMOUNT OF DONATION _____ EXP. DATE _____ CARD 3 DIGIT SECURITY CODE _____

CREDIT CARD NUMBER _____

SIGNATURE REQUIRED FOR CREDIT CARD USE _____

Please return completed form to:
UPLIFT
4007 Greenway St., Ste. 201
Cheyenne, WY 82001