



Rocky Mountain  
**RAPTOR**  
Program  
*a second chance at freedom*

# Donation Form



**Yes! I would like to support the life-saving and life-enriching work of the Rocky Mountain Raptor Program!**

## Your Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Gift Information

### Select Amount:

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> \$10  | <input type="checkbox"/> \$500          |
| <input type="checkbox"/> \$25  | <input type="checkbox"/> \$1000         |
| <input type="checkbox"/> \$50  | <input type="checkbox"/> Other:\$ _____ |
| <input type="checkbox"/> \$100 |   |

This donation is:  In honor of  In memory of  
Name: \_\_\_\_\_

Please notify the following party of this gift:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

### I would like this to be a:

- One time gift
- OR
- A recurring gift:
- Monthly—Join the 1987 Club!
  - Quarterly
  - Semi-annually
  - Yearly
- Please charge my credit card for my recurring gift.
- Please call me to set up a different recurring payment method.

## Payment Information

Please do not mail cash.

- My Check is Enclosed
- Please Charge My Credit Card:
- Visa  MasterCard  Discover

Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

Please send my receipt:

- Via snail mail
- Via email
- I do not need a receipt

Check here if you DO NOT wish to receive newsletters and updates from the Rocky Mountain Raptor Program.

**Mailing Address:**  
Rocky Mountain Raptor Program  
2519 S. Shields Street, #115  
Fort Collins, CO 80526

**Contact:**  
Phone: (970) 484-7756  
Email: info@rmrp.org  
Website: www.rmrp.org

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