



Donation Form

- Donations to the 2009 Courage Classic support The Children’s Hospital and are deductible as a charitable gift.
- You will receive a receipt from The Children’s Hospital Foundation for your donation.
- The Children’s Hospital Foundation will inform the rider that you have made a gift.

Rider Information

Rider’s Name _____ Rider # (if known) _____

Rider’s City/State (if known) _____

Donor Information

Mr. Mrs. Ms. Miss Dr. Other _____

First Name _____ Last Name _____

Mailing Address _____

City _____ State/ZIP _____

Email _____ Telephone _____

Help us reduce mailing costs by providing your email address. The Children’s Hospital Foundation will not share your name with other organizations. By giving us your email address, you are OPTING IN to receive email from The Children’s Hospital Foundation. You may opt out any time by calling 720-777-1700.

I have made a donation to The Children’s Hospital in the past

Gift Information

I wish to make a donation of \$ _____

I have enclosed a check made out to TCHF/Courage Classic

Please charge my donation to my Credit Card:

Visa MC American Express Discover

Card # _____ Exp (month/year) _____

Signature _____

Print and send this form to:

The Children’s Hospital Foundation (TCHF)/Courage Classic
PO Box 5003
Denver, CO 80217-5003

OR

fax it to: 720-777-1799

Learn more about the Courage Classic

720-777-7499 • rideinfo@couragetours.com • www.couragetours.com

Find out about The Children’s Hospital Foundation

720-777-1700 • info@tchfden.org • www.thechildrenshospitalfoundation.org