Colorado Public Radio

Tribute / Memorial Gift

Your Information - Please choose one:

☐ I am a current/former member. ☐ Please add me as a new member. ☐ Do not add me as a member.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Add Second Name or Business Name _____

Email _____ (For occasional updates only; CPR does not sell or share email addresses.)

Donation Type - Please choose one:

a ☐ Tribute gift in honor of recipient

Recipient First Name _____ Recipient Last Name _____

Recipient Address _____

City _____ State _____ Zip _____

Add Second Name or Business Name _____

Email _____

(Optional) Please share why you are honoring this person (birthday, graduation, etc.): _____

_____

_____

b ☐ Memorial gift in memory of: _____ Were they a CPR Member? ☐ Yes ☐ No ☐ Do not know

(Optional) Is there another person you would like to notify about your memorial gift? Please complete the section below.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Add Second Name or Business Name _____

Your personalized message to include on notification letter (optional): _____

_____

_____

Payment Information - Please choose one:

☐ Gift amount $ _____

☐ Check enclosed (Payable to Colorado Public Radio)

☐ Credit Card

Number _____

Exp. Date _____ CVV code (on back) _____

Signature _____

Please mail completed form and payment to:

Colorado Public Radio
PO Box 17429
Denver, CO 80217-0429

Questions? Please call Membership at 303-871-9191, ext. 1

Thank you for your generous support! | cpr.org