



PROMOTING HEALTH, CREATING HOPE

ONLINE DONATION FORM

Click on your printer icon to send to printer. Close Browser window to return to The Heuga Center Website.

Donor Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Donation Information

General Contribution to THE HEUGA CENTER

- \$2,500
- \$1,000
- \$250
- \$100
- Other Amount \$ _____

In Honor of In Memory of
Name: _____
Address: _____
City: _____ ST: _____ Zip: _____

I wish to pledge
\$ _____ per _____

My gift is for The Jimmie Heuga Center Endowment

Please keep my gift anonymous

Payment Information

Check Enclosed Visa MasterCard American Express Discover

Card Holder's Name: _____

Card Number: _____ Expiration Date: _____

Phone Number: _____

Send this Donation Form and Payment Information to: **The Heuga Center**
27 Main Street, Suite 303
Edwards, CO 81632
Phone: 970-926-1290
Fax: 970-926-1295

I would like information on your programs for people with MS sent to:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

- I would like information on the following fundraising activities:
- Vertical Express for MS
 - Heuga Center Golf Tournament
 - New York Autumn Benefit