



Gay & Lesbian Fund for Colorado Challenge Grant Pledge Form

Organization's Name: _____ *Double Your Dollars!*

**YES, I accept the challenge. I want to support _____
and DOUBLE my donation.**

FORM OF PAYMENT (please check one):

- Enclosed is my tax-deductible check in the amount of \$ _____
made payable to _____
- I would like to make a pledge of \$ _____. Please send me an invoice.
- Please charge my credit card: ___ AMEX ___ VISA ___ MC (select one)
Card number: _____ Exp date _____
Name as it appears on the credit card: _____
- Enclosed is my company's matching gift form.

Go to www. _____ to donate online

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Email: _____

Organization's Name: _____

Address: _____

City: _____ State: _____ Zip: _____