

**Rocky Donation Form**

**I want to make a donation to the following Rocky program or campaign:**

☐ Where the need is greatest ☐ Rocky’s Agency on Aging ☐ Utility Services

☐ Americorps Seniors ☐ Head Start Program ☐ Affordable Housing Program

☐ Rocky Mountain Preschool Center ☐ Senior Nutrition & Transportation Program

**Enclosed is my check or cash for the following amount:**

☐ $100 ☐ $50 ☐ $25 ☐ $ 10 ☐ Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Thank you in advance for your generosity.**