

**CHAPS DONATION FORM**

**DONOR INFORMATION:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**MAY WE ADD YOU TO OUR EMAIL LIST?**     **YES**     **NO**

**PLEASE INDICATE YOUR DONATION BELOW:**

**DONATION IN THE AMOUNT OF \$** \_\_\_\_\_

**DONATION IN THE AMOUNT OF \$** \_\_\_\_\_ **TO BE USED FOR:** \_\_\_\_\_

\_\_\_\_\_

**ITEM(S) FROM THE WISH LIST:** \_\_\_\_\_

\_\_\_\_\_

**A SERVICE(S) OF:** \_\_\_\_\_

\_\_\_\_\_

**OTHER – PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE CHECK THE METHOD OF DONATION:**

**ENCLOSED CHECK**     **ENCLOSED MONEY ORDER**     **PAYPAL**

**PLEASE SEND THIS COMPLETED FORM AND YOUR CHECK OR MONEY ORDER TO:**

**CHAPS  
PMB 201 1842 SUGARLAND DR  
SUITE 108  
SHERIDAN, WY 82801**