

The Infantile Scoliosis Outreach Program (ISOP) Donation Form

DONOR INFORMATION:

NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

DAYTIME PHONE (_____) _____

E-MAIL ADDRESS _____

____ **YES, I would like to be added to your e-mail list. Please note that ISOP respects your privacy and will not give out any information without your consent. If at any time you wish to be removed from our e-mail list, simply contact us at infantilescoliosis.org.

____ **Yes, I would like to be added to your mailing list
The Infantile Scoliosis Outreach Program (ISOP) is a service of Cerebral Palsy of Colorado. We are tax exempt under section 501(c)(3) of the Internal Revenue Code, making this gift tax deductible.

Gift Information

I would like to make this gift in honor of _____

*Enclosed is my gift of \$ _____ (Please make check payable to C.P. of Colorado, and designate it to ISOP.)

*Please charge my credit card \$ _____

Visa MasterCard

Credit Card Number _____

Expiration Date _____

Name on Card _____

Signature _____

PLEASE RETURN THIS GIFT FORM & PAYMENT TO:
CEREBRAL PALSY OF COLORADO
801 YOSEMITE STREET
DENVER, CO 80230