



I am investing in a _____ at a total cost of \$ _____
to be paid over _____ months/years.

Select payment method: Cash _____ Receipt # _____

Check# _____ (Please make checks payable to Mt. Carmel Health, Wellness and Community Center)

Credit Card# _____

M/C _____ Visa _____ AmEx _____ Discover _____ Exp.Date _____ CVV Code _____

Payments of \$ _____ each will be paid: Monthly _____ Quarterly _____ Semi-annually _____ Annually _____

My employer _____ will match my gift and I will
initiate the required paperwork.

***Would you like further information on a possible 25% Colorado Enterprise Zone Tax Credit?**

Yes _____ No _____ If "yes" you will be contacted by our Enterprise Zone Manager for your social security
number, Colorado ID, or EIN (Employer Identification Number).

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Home(____) _____ Cell(____) _____ Work(____) _____

Signature _____ Date _____

Email _____ Investment Counselor _____

Thank you for your generosity!

All information provided is handled with the strictest of confidentiality.

911 Robinson Avenue Trinidad, CO 81082 719-845-4800 www.mtcarmelcenter.org