

CONTRIBUTION FORM

Name (as appears on credit card): _____

Address: _____

City/State/Zip _____

Phone No. _____ - _____ - _____ Email _____

Method of Payment

Check enclosed, payable to DWCO, P.O. Box 355, Florence CO 81226-0355

Credit Card: Visa MasterCard Discover

Donation Amount _____

Credit Card No. _____ Exp. Date _____

Authorized Signature _____

DWCO is a 501(c)(3) non-profit corporation.

Your donations are tax-deductible to the fullest extent of U.S. law.

Please fill out your form and mail with your check, if applicable, to:
DWCO, P.O. Box 355, Florence, CO 81226-0355.