



**TENNYSON CENTER FOR CHILDREN
DONATION FORM**

DONOR INFORMATION		<i>PLEASE PRINT CLEARLY</i>	
Company Contact or Donor Name	Email		
Company Name	Phone Number	Fax Number	
Address	City, State	Zip Code	
Donation Is [] Company [] Personal [] Other _____	Signature (required)		

ITEM INFORMATION

Description:	Expiration	Value \$

<p>Tennyson Center for Children is a 501(c)(3). Tax ID# 61-1458290</p> <p align="center">THANK YOU!!!</p>	<p align="center">Please return this form to: Sally Kittredge, Special Event Manager 2950 Tennyson Street; Denver, CO 80212 OR 303.433.9701 (Fax) Sally.Kittredge@Tennysoncenter.org</p>
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FOR TCC OFFICE USE: Received _____ GIK _____