



Gift by Mail

Name(s) _____ Title (if any) _____

Company (if any) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Amount _____

Designated to (program, age group, need--if any) _____

In Honor of (if any) _____

With acknowledgement to _____

Address for acknowledgement _____

In Memory of (if any) _____

With acknowledgement to _____

Address for acknowledgement _____

**Mail to:
Imagine!
Attn: Susan LaHoda
1400 Dixon Avenue
Lafayette, CO 80026**

Thank you!