



On behalf of the children and families served by Ability Connection Colorado, THANK YOU for your generosity. Ability Connection Colorado is committed to helping children, individuals and families achieve their fullest potential in an integrated and diverse environment that honors the abilities of all. May your gift of giving continue to touch many lives!

Individual/Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

PLEASE USE THE SPACE BELOW TO LIST THE DONATED ITEM(S)

Name of item/Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Value of item \$ \_\_\_\_\_ Item enclosed/attached \_\_\_\_\_ Needs picked up \_\_\_\_\_

Name of item/Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Value of item \$ \_\_\_\_\_ Item enclosed/attached \_\_\_\_\_ Needs picked up \_\_\_\_\_

Name of item/Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Value of item \$ \_\_\_\_\_ Item enclosed/attached \_\_\_\_\_ Needs picked up \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH YOUR DONATED ITEMS. THANK YOU FOR YOUR SUPPORT!**

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