



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: _____
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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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