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please visit our website at
www.newhorizonsfoundation.com
or mail this form back to us at
5550 Tech Center Dr., Ste. 303
Colorado Springs, CO 80919



- 1) My gift is: ☐ Monthly* ☐ One-Time Amount: \$ _____
* Monthly gifts occur on the 15th of the month
- 2) Name of Project _____
- 3) **Select One Option:** We accept the following: VISA, MasterCard, Discover, American Express

☐ **Credit/Debit Card**

Number: _____ Exp Date: _____
Name on card: _____ CVC# _____

☐ **Bank Transfer**

Routing Number: _____
Acct. Number: _____

Bank Routing
Number is
9 digits and between
the |: characters



Date: _____
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*City _____

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