

Yes, I would like to support the Garden of the Gods Foundation

_____ Attached is my check for \$ _____ made
payable to "Garden of the Gods Foundation"

Charge \$ _____ to my (circle one)
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Card Number: _____ Expiration Date _____

CVV/CSC# _____ (the 3 or 4 digit # on the back of the card)

Signature _____

Name _____

Address _____

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Email Address _____

**Mail your donation to: Garden of the Gods Foundation
 1805 North 30th Street
 Colorado Springs, CO 80904**

For more information, please call Garden of the Gods Visitor & Nature Center
Business Office: 719-219-0103

Garden of the Gods Foundation is a 501(c)3 organization.