



AXIS Health System

DONATION FORM

**Thank you for making a generous contribution to Axis Health System.
Your support expands healthcare access and has a significant and long-lasting
positive impact on the health in our communities.**

Contributions to Axis are deemed charitable under section 501(c)(3) of the Internal Revenue Service code and our registration as a Colorado Charitable Organization. In addition, your donation of \$250 or more may qualify as an Enterprise Zone contribution, which provides you with a State of Colorado tax credit. (See below for which projects qualify for Enterprise Zone.)

Date of Donation _____

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

A ONE-TIME DONATION IN THE AMOUNT OF:

\$1,000

\$500

\$250

Other \$ _____

A REPEATING DONATION:

If you wish to contribute with a repeating donation, please contact
Dana Ball, Executive Assistant

- Email: dball@axishealthsystem.org
- Phone: 970-335-2246

PROJECT OF CHOICE:

I wish to donate to the Durango Integrated Healthcare (DIH) project.

DIH contributions qualify for Enterprise Zone tax credits.

I wish to make a general donation to Axis Health System.

Contributions for locations outside of DIH do not qualify for Enterprise Zone tax credits.

METHOD OF PAYMENT:

I wish to donate by check.

Please make checks payable to:
Axis Health System
c/o Dana Ball
PO Box 1328, Durango CO, 81302

I wish to donate by credit card.

Card Type: Visa Mastercard Discover

Name on Card _____

Account # _____

Expiration Date _____ CVV Code _____

Billing Address (if different than above)

Street Address _____

City _____ State _____ Zip _____