



# **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 \$ \_\_\_\_\_

**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