



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