



Gazette Charities Foundation

EMPTY STOCKING FUND

EL POMAR FOUNDATION | THE BROADMOOR

Individual Donation

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Corporate/Organization Donation

\$10,000 \$5,000 \$2,500 \$1,000 \$500 Other \$ _____

Corporation/Organization Name: _____

Contact: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Make Your Donation Today

Check donations: **Make payable to Empty Stocking Fund**

Mail in credit card donations:

Mastercard Visa Discover American Express

Credit Card Number: _____

Exp. Date: _____ / _____

Security Code (3 on back of Visa, MC or Discover and 4 on front of AMEX): _____

Signature: _____

First time donor

Donors will be acknowledged in The Gazette. Name(s) as you would like it to appear:

I wish to remain **ANONYMOUS**

Tax receipts will be sent to the name and address above after the conclusion of the campaign. For income tax reporting, telephone credit card donations must be called in by 4:30 p.m. on Thursday, December 26. El Pomar
When submitting this form, please allow 10 days to 2 weeks to process credit cards.