

# Colorado Restaurant Association Education Foundation Corporate/Individual Donation Form

**PERSONAL INFORMATION** Fill in the following information. Please print. Please do not send cash. CRAEF Donors will receive a letter of acknowledgement for tax purposes. **Donations are tax deductible.**

First/Last Name  Ms.  Mrs.  Mr. Company Name

Mailing Address Suite/Apt.#

City State Zip

Phone Number  Home  Mobile  Work Email

**DONATIONS** I would like to start contributing to the Colorado Restaurant Association Education Foundation through a  
 **Single Payment** or  **Monthly Deductions** from my  CHECKING ACCOUNT (must a minimum of \$15.00 to qualify)  
or  CREDIT CARD (any amount qualifies)

**ANNUAL CONTRIBUTION LEVELS (Please see reverse side for Donor details.)**

**Centennial Benefactor: \$1,200**

Pay Total

12 monthly payments of \$100

**Sponsor: \$900**

Pay Total

12 monthly payments of \$75

**Patron: \$600**

Pay Total

12 monthly payments of \$50

**Partner: \$300**

Pay Total

12 monthly payments of \$25

**Donor : \$180 or Other Amount (\$15 per month)**

Monthly Payment in the amount of: \_\_\_\_\_

Single Payment in the amount of: \_\_\_\_\_

**CONTRIBUTION ALLOCATION** (unless otherwise specified below, your contribution will be deposited into the General Operating Fund to financially support all CRAEF programs.)

\_\_\_\_\_ Colorado ProStart® \_\_\_\_\_ CRAEF Scholarships \_\_\_\_\_ ServSafe Alcohol/Food Safety Training®

## PAYMENT OPTIONS

### PERSONAL CHECK

**Single Payment.** If you are making a single payment in full, please make the check payable to the CRA Education Foundation. Donations are non-refundable.

**Direct Monthly Deduction from Checking Account** (for U.S. checking accounts only) If you would like to have your Donation debited automatically each month, attach a voided check (no deposit slips please) and sign below.

IMPORTANT: Your monthly statements will read CRA Education Foundation.

Please debit my checking account in the amount of \$\_\_\_\_\_.

Bank Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize my bank to transfer the amount shown above from my checking Account each month subject to these conditions:

- The deduction will be made on or after the 15<sup>th</sup> day of each month.
- The record of each charge will be included in my monthly bank statement and will serve as my receipt.
- After fulfilling my one-year commitment, I may opt out of this donor program at any time.

\_\_\_\_\_  
Signature Date

### CREDIT CARD

**Single Payment.**  
Donations are non-refundable.

**Direct Monthly Deduction from Credit Card.**  
Please debit my credit card in the amount of \$\_\_\_\_\_ each month. After fulfilling my one-year commitment, I may opt out of this donor program at any time.

AMEX  Visa  Master Card  Diners

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Account Number

----- / -----  
Exp. Date

\_\_\_\_\_  
Signature Date

**Please mail this form with your donation to:**  
**CRA Education Foundation, 430 E. 7<sup>th</sup> Avenue, Denver, CO 80203**  
Or fax to: (303) 830.2973 **Questions?** Call the CRA Education Foundation at 303.830.2972 or 800.522.2972. Website [www.coloradorestaurant.com](http://www.coloradorestaurant.com)