



## West Metro Fire Rescue Foundation Donation Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please add me to your email distribution list.

Donation Amount \$ \_\_\_\_\_

Check enclosed  
(Please make check out to West Metro Fire Rescue Foundation)

Credit Card    Visa    Mastercard (Please circle one)

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please return to:  
West Metro Fire Rescue Foundation  
433 W. Allison Pkwy.  
Lakewood, CO 80226