



WELLNESS

• TRANSITIONS

• RESOURCES

VETERANS

• MILITARY

• FAMILY

Enterprise Zone Donation Form

Please complete this form. All information is required.

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Last 4 Digits of SSN _____

If a business, the 8 digits EIN _____

Signature _____

Please make my gift in ___Memory or honor of _____

Please Mail your check made out to *El Paso County Enterprise Zone*, with *Mt. Carmel Center of Excellence* in the memo line, along with this form to:

Angela Ann Cesario
Mt. Carmel Center
P.O. Box 85
Colorado Springs, CO 80901

For questions please check with Angela Ann at aacesario@mtcarmelcenter.org or 719-575-7057.

When processing is completed you will receive a tax credit certificate for use in filing your income tax return.

SERVICE Thru CAREER

530 Communication Circle ♦ Colorado Springs, CO 80905 ♦ 719-309-4714