



**DOUGLAS COUNTY VETERANS MONUMENT FOUNDATION**

“Give to Those Who Gave to Us!”

4400 Castleton Court, Castle Rock, CO 80109

Phone: 303-688-4825 Ext 5370

[www.dcvmf.org](http://www.dcvmf.org)

**Douglas County Veterans Monument  
Donor Form**

**Donor/Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Donation:**     \$ \_\_\_\_\_     **Check No.:** \_\_\_\_\_

**In Kind – Describe:** \_\_\_\_\_ **Estimated Value:** \$ \_\_\_\_\_

**Make checks payable to: DCVMF and enter Donation in the Memo section!**

The DCVMF is a 501(c)3 Organization.  
Contributions are tax deductible to the extent allowed by law.

**Donor’s name will appear in the Monument Dedication Program and a Donor Register displayed and stored at the Douglas County History Research Center.**

- I agree to being listed as a Donor.                       I wish to remain an anonymous Donor
- I wish to have my donation listed in Honor/Memory of: (Please circle choice)

\_\_\_\_\_

**Donor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fund Raiser Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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FOR OFFICE USE

**Date Logged:** \_\_\_\_\_

**Date of Thank You letter:** \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_