

Give a gift that will impact lives for generations to come.

The CLIMB Wyoming Gift Program supports CLIMB programs and participants, a gift that strengthens Wyoming's families and Wyoming's workforce.

Gift Card and envelope shown 70% size



I wish to participate in the CLIMB Gift Program. Please print clearly. Payment method on reverse side.

1. Honorary Name (s): _____

Honorary Mailing Address: _____

Gift Amount: _____

2. Honorary Name (s): _____

Honorary Mailing Address: _____

Gift Amount: _____

Your Name (to be listed on card): _____

Your Address: _____

Special Requests: _____

Preferred Delivery Date*: _____

Your Phone Number (if questions): _____

*Gift Cards will be delivered within two weeks of receipt if no delivery date is specified.

See reverse side for payment options and other ways of giving.



CLIMB Wyoming Gift Program

Give a gift that will impact lives for generations to come.

HOW TO ORDER: Complete the form, and fax or mail to CLIMB Wyoming.

Fax: (307) 778-0095

Mail: CLIMB Wyoming Gift Program

1001 W. 31st Street, Cheyenne, WY 82001

Please contact Pam Ivey if you have any questions. (307) 778-0094 ext. 14

I support CLIMB's work and wish to make a personal gift.

CLIMB offers a flexible and easy giving alternative. By completing the form and signing below, you allow CLIMB to electronically charge your bank account or credit card for your gift.

I wish to make a **monthly** gift to CLIMB, to be paid on the _____ day of each month from my checking account **or** my credit card in the amount of \$ _____.

I wish to make a **quarterly** gift to CLIMB, to be paid on the _____ day of every third month from my checking account **or** my credit card in the amount of \$ _____.

These gifts shall begin: ___/___/_____ and remain in effect until: ___/___/_____ or until further notice.
mo day year mo day year

Checking Account Information

Bank Name and Address: _____

Bank Account Number: _____

Bank Routing Number: _____

Signature: _____ Date: _____

Credit Card Information

Credit Card Number: _____ Expiration Date: _____

Complete Name (as it appears on card): _____

Signature: _____ Date: _____

I wish to make a one-time gift of \$ _____. Payment method indicated below.

Gift Card and One-Time Gift

Method of Payment: Credit Card: ___ Visa ___ MC **OR** ___ Check

Credit Card Number: _____ Expiration Date: _____

Complete Name (as it appears on card): _____

Signature: _____ Date: _____

Thank you! You will be notified by mail when this order has been processed and receive a receipt for tax purposes.