

**Instructions:**

**Fill out this pledge form:**

- Fields marked with an asterisk (\*) are required.
- If you would like a thank-you gift, please browse our gifts online at [www.cpt12.org/support](http://www.cpt12.org/support) and indicate your selection(s) below.

**Send your completed form and contribution to:**

Colorado Public Television  
2900 Welton Street, 1st Floor  
Denver, CO 80205

**If you have any questions, please contact:**

The CPT12 Membership Team at 303.296.1212 (or toll-free at 1.800.727.8812) weekdays from 9am-5pm.

**Donation Information:**

\* **Donation amount:** \_\_\_\_\_

Thank-you gift(s) selected (optional): \_\_\_\_\_

**Your Contact Information:**

\* **Name (first & Last):** \_\_\_\_\_

Second member name (optional): \_\_\_\_\_

\* **Address line 1:** \_\_\_\_\_

Address line 2: \_\_\_\_\_

\* **City, State, Zip Code:** \_\_\_\_\_

If you live outside the U.S., please use these additional lines to complete your address:  
\_\_\_\_\_  
\_\_\_\_\_

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

Email address: \_\_\_\_\_

**Your Payment Details:**

\* **Your preferred payment method (circle one):**    **Credit/Debit Card**                      **Bill Me**                      **Check/Money Order**

If paying by credit/debit, fill in your card information:

Card type (circle one):    **Visa**                      **MasterCard**                      **American Express**                      **Discover**

Name as it appears on card: \_\_\_\_\_

Card number: \_\_\_\_\_

3- or 4-digit card verification number: \_\_\_\_\_

Expiration date (month & year): \_\_\_\_\_ / \_\_\_\_\_

## Member Feedback:

Favorite Programs, Comments or  
Special Instructions:

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## Thank You

Thank you for your donation! We value your membership and are very grateful for your generosity and support.