



College of Osteopathic Medicine

8401 S. Chambers Road
Parker, CO 80134
Main: 303-373-2008
Fax: 720-875-2875

Sponsorship/ Donation Form

ALL SPONSORS, PLEASE PROVIDE THE REQUESTED INFORMATION:

Your Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

Amount of your support: _____

FUNDS SHOULD BE DESIGNATED AS FOLLOWS: (PLEASE CHECK, IF APPLICABLE)

International Outreach, only _____ National Outreach, only _____

Regional Outreach , only _____

Student Sponsorship _____ Name of Student: _____

Medical Outreach Program: _____

Funds not designated will be used to purchase supplies, medications and assist with travel expenses related to the programs, as needed and determined by the Chair of Rural and Community Medicine.

THANK YOU

Please send your tax deductible gift to the address above:

c/o Dr. Camille Z. Bentley D.O.,FACOFP.
Chair, Rural and Community Medicine

Checks should be made payable to "RVU" Tax information provided upon request.
Your cancelled check is your receipt.