



Spanish Peaks Alliance for Wildfire Protection Please Become a Contributing Support Donor

www.SPAWP.org | Charitable Non-Profit 501c3

SPAWP's mission is to help educate local Communities or Organizations and support State or Federal Government Agencies to collaboratively manage forest lands that are in the Forested WUI- Wild Urban Interface, in an effort to protect and recover the Spanish Peaks areas and wildlife from the impact of destructive events. This includes thinning or removal of overgrown forests and vegetation helping to prevent landslides, erosion, and protect vital water supplies as symbolized by the "S" shaped river in our logo thereby improving healthy forestation and safer communities.

(*Required Info)

* Individual or Organizational Name: _____
(Organization Contact*) First name: _____ Last Name: _____

* Email: *(required for a confirmation)* _____

* Cell Phone Number: _____ Landline: _____

* Mailing Address: _____
Street or P.O. Box City State Zip Code

* Colorado Location Address (If Different than above): _____
Street, P.O. Box, County Road Subdivision City State Zip Code

Join Now or Online:

Become a regular Donor with a tax-deductible contribution supporting our efforts and keep informed.

Individual Donor ___ \$75 ___ \$100 ___ \$150 ___ \$200 ___ \$500 Other: \$ _____

Organizational Donor Member (i.e. Agencies, Foundations, HOA/POA/LOAs, etc.) ___ \$350

Additional Donation \$ _____

Thank you, please choose a convenient payment methods to make it easy for you to give:

- ___ Directly Via our Website through PayPal: <https://spawp.org/donate.html> at spawp.org
- ___ Directly Via our FaceBook Page PayPal: <https://www.facebook.com/SpanishPeaksAllianceForWildfireProtection>
- ___ Mail Form - Deliver Check Payable to: **"SPANISH PEAKS ALLIANCE FOR WILDFIRE PROTECTION"**
- ___ Credit Card Circle One: Mastercard / Visa / Discover / American Express
 - Holders Name: _____
 - Expiration Date: _____ CVV: _____
 - Signature: X _____

Please Mail this completed form with type of Payment selected or a Check to:

SPAWP.org

P.O. Box 421, La Veta, CO 81055

(Email address required above to send confirmations)

I would like to volunteer in the following capacities:

- ___ Subscribe to SPAWP email updates.
- ___ Join my local Firewise Community, helping Pre-Fire Mitigate or Burned Areas Recovery Efforts
- ___ Fund Raising, Sponsorship, Committee Support & Events Planning

Thank you, in advance for your Donor Support! Please Visit our Facebook Page or our Website:

www.SPAWP.org \ mail@spawp.org \ (432) 238-1157

(8-19-2022)