

Donor Information

Name _____ Date _____

Address _____

City, State, ZIP _____ Phone: _____

Email Address _____

Taxpayer Identification Number (Last 4 digits of Social Security Number) _____

OR

Colorado Account Number (Request at Colorado.gov/RevenueOnline) _____

The State of Colorado requires the Taxpayer Identification Number (TIN) be included on reports for each entity certified for Colorado Enterprise Zone (EZ) Tax Credits. The TIN may be the FEIN, SSN (last 4 digits only), or Colorado Account Number.

PrimeHealth+ keeps your TIN in a secure and safeguarded location.

Please return this form to Martha.Graf@PrimeHealthPlus.org (preferred) or:

PrimeHealth+
Attn: Development Department
526 29 ½ Road
Grand Junction, CO 81504