



ALL INFORMATION IS KEPT CONFIDENTIAL

Colorado Enhanced Rural Enterprise Zone CONTRIBUTION Form for the Ouray County Courthouse			
INDIVIDUAL Name (First):		INDIVIDUAL Name (Last):	
Taxpayer ID (last 4 SSN):			
Physical Address:		Mailing Address:	
City / Zip Code:		City / Zip Code:	
Phone Number:			
Email:			
TYPE OF CONTRIBUTION AND AMOUNT (BELOW):			
Cash / Check / Credit Card: (Circle Type) \$ _____		In-Kind Invoice (needed for 12.5% Tax Credit): Explain Service and Date(s) Provided:	
Received By:		Date:	
Submitted By:		Date/Time:	
Receipt Given:		Confirm Amount:	

BUSINESS Name:			
Business FEIN (9 digits):			
Physical Address:		Mailing Address:	
City / Zip Code:		City / Zip Code:	
Phone Number:			
Email:			
TYPE OF CONTRIBUTION AND AMOUNT (BELOW):			
Cash / Check / Credit Card: (Circle Type) \$ _____		In-Kind Invoice (needed for 12.5% Tax Credit): Explain Service and Date(s) Provided:	
Received By:		Date:	
Submitted By:		Date/Time:	
Receipt Given:		Confirm Amount:	