



Building for the Future Capital Campaign

Pledge and Gift Form

Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

It is my/our intention to contribute \$_____ to Community Health Center of Cape Cod's *Building for the Future Expansion Campaign*.

Gift enclosed: \$_____

For gifts of securities, please call the Development Office at 508-477-5990 for delivery instructions.

Pledge Information

My/Our initial payment of \$_____ is enclosed and the balance of \$_____ will be paid as follows:

Yearly, in the amount of \$_____

With payments to begin on _____, _____

Please send a payment reminder.

This gift is eligible for matching funds from:

Please keep my/our gift anonymous.

How would you like your name(s) to appear in publications? _____

Signature(s): _____ Date: _____

_____ Date: _____

All gifts are tax deductible to the extent allowed by law.

Please make check payable to:

**Community Health Center of Cape Cod
107 Commercial Street
Mashpee, MA 02649**

Thank you for your support!

• Development Office: (508) 477-5990 • Fax: (508) 477-4699 •