



Community Health Center of Cape Cod Donation Form

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Donation Information

Donation amount: \$ _____

Please charge my credit card: ___American Express ___Visa ___Mastercard ___Discover

Credit Card#: _____ Expiration: _____

Checks can be made out to Community Health Center of Cape Cod.

Signature: _____ Date: _____

_____ I would like to learn more about including CHC in my estate plan.

_____ My company offers a matching gift program.

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

Please return form to:
*Community Health Center of Cape Cod
Office of Advancement
107 Commercial Street
Mashpee, MA 02649*

If you have any questions, please contact cellis@chcofcapecod.org or (508) 477-5990.

Thank you for your support to help CHC of Cape Cod achieve our mission!

To donate online, please visit CHCofCapeCod.org/donate