



## Community Health Center 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: \_\_\_\_\_ CVV: \_\_\_\_\_

Checks can be made out to Community Health Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ I would like to make a monthly donation as a *CHC Compassionate Health Supporter*

\_\_\_ I would like information about making a lasting planned gift as part of *CHC's Legacy Society*

\_\_\_ My donation is made in Memory / Honor (circle one) of: \_\_\_\_\_

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

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



Scan to learn more about supporting CHC!

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

**Thank you for your support to help CHC achieve our mission!**

To donate online, please visit [CHCofCapeCod.org/donation](http://CHCofCapeCod.org/donation)