



Community Counseling Center Foundation
402 S Silver Springs RD
Cape Girardeau MO 63703
(573) 332-2795 • mburton@cccntr.com

DONOR INFORMATION (Please Print)

Name: _____ Address: _____

How would you like to appear for recognition purposes? i.e. Mr. & Mrs. J. Doe/Mr. John Doe/Mrs. Jane Doe _____

Phone: _____ Cell: _____ Email: _____

I do not wish my gift to be publicly recognized.

PAYMENT INFORMATION (Please Choose One Option)

A. CHECK ENCLOSED: Amount \$: _____ (Please make payable to: Community Counseling Center Foundation)

B. CREDIT CARD: Visa Discover Master Card Exp Date: _____
Credit Card #: _____ Security Code _____ Amount to be charged \$ _____

Name as it appears on the card: _____

C. PLEDGE PAYMENT: I would like to pledge \$ _____ over a period of _____ years. (Pledges may be extended for up to 3 years) Please send a payment reminder to me: Quarterly Semi-annually Annually

PLANNED GIFT: Please contact me about making a planned gift through my will, a bequest, or other asset.

MEMORIAL OR TRIBUTE GIFT: This gift is in memory of _____ or in honor of _____
for the special occasion of _____ (i.e. birthday, anniversary, retirement, birth)

Please notify the following person(s) of my gift: Name: _____

Address: _____