



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: \_\_\_\_\_