



Community Counseling Center Foundation
402 South Silver Springs Road
Cape Girardeau, MO 63703
(573) 332-2787 • mramsey@cccntr.com

DONATION FORM

DONOR INFORMATION (Please Print)

Name: _____

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

Address: _____

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 check payable to: Community Counseling Center Foundation)

B. CREDIT CARD: Visa Discover Master Card Exp Date: _____

Credit Card #: _____ 3 digit 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

D. PLANNED GIFT:

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

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: _____

Signature: _____ Date: _____

Please return completed form to above address.

We appreciate your generous support.