



Community Counseling Center Foundation

402 S. Silver Springs Rd
Cape Girardeau, MO 63703

(573) 332-2787 • mramsey@cccctr.com

Donor Information: (Please Print)

Name: _____

Address: _____

Phone: _____

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I do not wish to be publicly recognized.

Yes! I would like to make a donation. (Please Choose One Option)

Yes! I would like to make one-time donation \$ _____

I would like to make a monthly donation of \$ _____

I understand to discontinue my monthly donation I must notify the Foundation in writing.

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

Donation by check or credit card:

Check Amount: \$ _____ Please make check payable to the CCC Foundation

Credit Card Amount \$ _____ One-time Monthly Donation (Please choose one option)

Credit Card# _____

Security Code: _____ Exp. Date: _____ Zip Code: _____

This gift is in memory of _____ or in honor of _____

for the special occasion of _____ (i.e. birthday, anniversary, retirement)

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

Name: _____

Address: _____

Signature: _____ Date: _____

Please return completed form to: the above address.

For further information contact Michelle Ramsey @ 573-332-2795 or mramsey@cccctr.com

Thank you so much for your generosity