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Please complete the information below: Full Name _____ Address _____ City _____ State ____ Zip ____ Telephone (_____)____ **Donation Amount:** □ \$50 □ \$100 □ \$200 □ Other \$25 **Donation Type:** ☐ General Gift ☐ Program Gift ☐ Tribute Gift ☐ Capital Gift If a program gift, specify the program or service that you wish to fund: ______ If a tribute gift, specify: In memory of In honor of Provide a name and address of who to notify about the tribute gift: Please mail this completed form, along with your check

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CCBC

Attn: Development One Washington Street Taunton, MA 02780