



MAKE A DONATION BY MAIL OR FAX

Demonstrate your commitment to quality and accessible healthcare for the Lower and Outer Cape by pledging your support. Please share the costs of caring by filling out this easy form. To print the form on your computer, click File in the upper left corner of the browser window, and then select Print.

Then either mail or fax to OCHS:

Mail to:

Director of Development
Outer Cape Health Services, Inc.
P.O. Box 1413
Wellfleet, MA 02667

Or Fax to:

Development, OCHS
508-240-0499

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (_____) _____ Email: _____

Yes! I support Outer Cape Health Services. Enclosed is my gift of:

\$1000 \$500 \$250 \$100 \$50 other _____

My check for \$_____ is enclosed

Please charge my VISA, Master Card, Discover or AMEX:

Account # _____ Expires: _____ / _____

Signature _____ Date: _____

Outer Cape Health Services is a non-profit community health center serving the Outer Cape. Contributions are tax-deductible under the provisions of IRS 501(c)3.