



Providing Help. Giving Hope.
ccsem.org

Donation Payment Form

I would like to make a donation in the amount of:

- \$1,000
- \$500
- \$200
- \$100
- \$50
- \$20
- Other _____

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Province: _____ Country: _____

Email: _____

- Please do not display my name publicly. I would like to remain anonymous
- Add me to your mailing list

Tribute Gift

- Check here if this is a gift in honor or in memory of a loved one or friend
- Check here if you would like the name of this individual recognized on our website/social media

Name of Individual: _____

- Send acknowledgement via email
- Send acknowledgement via postal mail