



Codman Square Health Center

Our mission: To serve as a resource for improving the physical, mental and social well-being of the community.

YES!

I want to show my support for the work that Codman Square Health Center does in Dorchester and surrounding communities.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Email: _____

Do not add my name to the Codman Square Health Center mailing list

Tell us more about your gift!

I am making a gift in the amount of:
\$ _____

I would like for these funds to support:

- General Operations
- Capital Improvements
- The Teaching Kitchen at 450
- Healthworks at Codman
- Other: _____

Please give acknowledgement to:

Check any items that apply to your gift:

- This gift is given anonymously
- This gift is given in memory
- This gift is given to honor someone

Please return this form and your check (if applicable) to:

Development Office
Codman Square Health Center
637 Washington Street
Dorchester, MA 02124

Please make checks payable to Codman Square Health Center.

For donations with a credit card, complete the information below:

Card Type: Visa Mastercard American Express

Name (as it appears on card): _____

Credit Card Number: _____ Expiration: _____

Billing Address: _____

Billing City, State, and Zip: _____