



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: _____	
<input type="checkbox"/> 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:
<input type="checkbox"/> General Operations
<input type="checkbox"/> Capital Improvements
<input type="checkbox"/> The Teaching Kitchen at 450
<input type="checkbox"/> Healthworks at Codman
<input type="checkbox"/> Other: _____

Please give acknowledgement to: _____
Check any items that apply to your gift:
<input type="checkbox"/> This gift is given anonymously
<input type="checkbox"/> This gift is given in memory
<input type="checkbox"/> 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: <input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Name (as it appears on card): _____		
Credit Card Number: _____		Expiration: _____
Billing Address: _____		
Billing City, State, and Zip: _____		