

**CHATHAM MARCONI MARITIME CENTER
P. O. Box 421
North Chatham, Massachusetts 02650**

Donor Form

2012 Annual Fund

I/we wish to support the Chatham Marconi Maritime Center Annual Fund at the level indicated below:

___ Student \$10 ___ Adult \$35 ___ Family \$100
___ Supporting \$250 ___ Patron \$500 ___ Benefactor \$1000 ___ Other \$_____

2012 Membership

I/We would like to become active members of CMMC:

___ Family (Up to 6) \$50 ___ Adult \$ 25 ___ Senior \$20

NAME _____ E-MAIL _____

PRINCIPAL ADDRESS _____ TELEPHONE _____

SEASONAL ADDRESS _____ DATES _____

Payment

Total Amount Paid \$ _____

___ Check Enclosed

___ Please charge my ___ Visa ___ Master Card Expiration Date _____

Card Number _____ Security Code* _____

Signature _____ *Three digits on signature line on back of card

CMMC is a 501(c3) organization and all gifts are tax deductible as provided by IRS regulations

[Please mail this form to the address listed at the top of the page]