



DONATE VIA MAIL Form

CHATHAM MARCONI MARITIME CENTER, Inc.

Voice: 508-945-8889 e-Mail: membership@ChathamMarconi.org

I/We wish to support the Chatham Marconi Maritime Center.
Please apply my/our gift as follows*:

- Museum Exhibits & Programs STEM Education Classes & Programs
- Any Mission Need* The CMMC Endowment Fund
- Restricted For The Purpose Of: _____

*If no preference is indicated, your gift will be applied to "Any Mission Need" for use as needed to support CMMC operations.

Total Amount Enclosed or To Be Charged: \$ _____ *Thank You!*

Check Enclosed (made out to Chatham Marconi Maritime Center, or CMMC), or

Please charge my ___ Visa ___ Master Card Expiration Date: ___/___/___

Card Number: _____ Security Code _____

Signature: _____ Date: ___/___/___

Please send me information about the Endowment Fund at CMMC.

Please send me information about Planned Giving at CMMC.

Please print legibly and mail the completed form to the address below.

Name: _____

Spouse / Partner Name: _____

e-Mail Address: _____

Permanent Street/Apt. or P.O.B.: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Mobile: _____

Local / Seasonal Street/Apt. or P.O.B.: _____

City: _____ State: _____ ZIP: _____

Local / Seasonal Telephone: _____

Seasonal Contact Dates: From (Month): _____ To (Month): _____

Thank you! Please mail the completed form (and check if used for payment) to:
Chatham Marconi Maritime Center, P.O. Box 421, North Chatham, MA 02650-0421

*CMMC is a 501(c)(3) organization. All gifts are tax deductible as provided by IRS regulations.
Our Federal EIN is 37-1445768.*