



MEMORIAL GIFTS or HONOR GIFTS

I/We would like to make a gift of \$ _____ in memory of: _____ in honor of:

DONOR'S NAME(S) _____

MAILING ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

Please notify the following person(s) about this donation:

NAME(S) _____

MAILING ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

Total payment \$ _____

‡Method of payment: Visa MasterCard Discover Check payable to FCCNS

Card # _____ ††CCV # _____ Exp. Date _____

Name as it appears on card _____

Billing Address: _____

Phone # (required to process credit card): _____

Signature _____ Date _____

Mail to: **FCCNS**
P.O. Box 550
Wellfleet, MA 02667

‡Credit Card transactions processed through PayPal (a secure platform)

††Credit Card Validation #: 3 digits on back of card

All dues and contributions are tax-deductible.
Contact us at info@fccns.org with any questions.