



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 _____

Telephone number (required for credit card processing) _____

Signature _____ Date _____

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

†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.