



Please mail this form and your check to:

Cape Cod Young Professionals

P.O. Box 634

Barnstable, MA 02630

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$_____ payable to Cape Cod Young Professionals.

My name: _____

Address: _____ Home Phone: _____

City / State / Zip: _____

(Donation Receipt will be sent to the address above)

TYPE OF DONATION (please choose one):

General Donation

Gift in memory of:

Send acknowledgement card to:

Name: _____

Address: _____

City / State / Zip: _____

How would you like the card to be signed? _____

Gift in honor of: _____

Send acknowledgement card to:

Name: _____

Address: _____

City / State / Zip: _____

How would you like the card to be signed? _____

On behalf of CCYP's Board of Directors, Staff and the

Young Professional community we serve, thank you for your support!

CCYP is a 501(c)(3) charitable non-profit and all gifts are tax deductible as allowed by IRS regulations. Federal Tax ID #30-0455198