



**Cape Cod Military Support Foundation Inc.**

*Serving Those Who Serve Us*

Thank you for supporting these families by supporting our foundation. We are truly grateful. CCMSFI is a [Fully Tax Deductible 501\(c\)3 Non-profit Corporation](#) (Identification Number: 46-4557235). The full amount of your contribution is deductible for federal income tax purposes. An acknowledgement of your donation for IRS purposes will be emailed or mailed to you.

**Name:** \_\_\_\_\_

**Street** \_\_\_\_\_ **Apt/Unit** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (in case there are questions regarding your donation):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Donation Amount:** \_\_\_\_\_

**Choose how you'd like to apply your donation:**

- |   |   |
|---|---|
| <input type="checkbox"/> Any/General support  | <input type="checkbox"/> Scholarship Education & Transition |
| <input type="checkbox"/> Family Services      | <input type="checkbox"/> Military Awards/Recognition        |
| <input type="checkbox"/> Emergency Assistance |   |
| <input type="checkbox"/> Food Assistance      |   |

**If you'd like to dedicate this donation please complete the following:**

In memory of (full name): \_\_\_\_\_

From (Date of Birth) \_\_\_\_\_ To: (Date of Passing): \_\_\_\_\_

**If you'd like an "In Memory" card sent to a loved one of the deceased please complete the following:**

**Name:** \_\_\_\_\_

**Street** \_\_\_\_\_ **Apt/Unit** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Message you'd like included in the card if any: (Maximum 30 words)**

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**Please make all checks payable to "CCMSFI". Please complete this form and mail it to Cape Cod Military Support Foundation, PO Box 641 Falmouth, MA 02541.**