



Deaf-Hearing Communication Centre, Inc.

### Contribution Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I would like to contribute to the following (check all that apply):

\_\_\_\_\_ Make a monetary contribution

\_\_\_\_\_ The Arlene Long Memorial Fund

\_\_\_\_\_ Purchase an item from the DHCC wish list

Please list which item from the wish list: \_\_\_\_\_

Please make my donation in memory of: \_\_\_\_\_

How did you hear about DHCC?

Are you a DHCC member? yes    no

**Total Enclosed:** \_\_\_\_\_

**Please mail this form with your check to:**

DHCC, 630 Fairview Road, Suite 100, Swarthmore, PA 19081