Offline Donation Form

This is a printable form for supporters who would like to donate via check or money order.

Donation Amount $ ________________________

Donor Name (First & Last) ____________________________________________________________

Street Address ________________________________________________________________

City ___________________________ State _________________________ Zip ______________

Email* ________________________________________________________________

Home Phone ________________________________ Work Phone _____________________________

If your donation is in memory or honor of someone, please fill out the below information.

Donation is in memory/honor of (please circle) ___________________________________________

An acknowledgement letter should be sent to _____________________________________________

Street Address ________________________________________________________________

City ___________________________ State _________________________ Zip ______________

Donor name(s) as they should appear on acknowledgement __________________________________

Thank you for your contribution! Mail this form and your check to:

The Samaritans on Cape Cod and the Islands
13 Steeple St.
Mashpee, MA 02649

Please do not mail cash.