

“I was reluctant to call. I was embarrassed by my situation. I had always managed to make ends meet. They never judged me. They treated me like family with dignity and respect”;

# *Gifts of Hope*

You make *wonderful* things happen.

**LOWER CAPE OUTREACH COUNCIL**

PO Box 2013, Orleans, MA 02653

# LOWER CAPE OUTREACH COUNCIL

## *Gifts of Hope*

Enclosed is my tax deductible contribution in the amount of \$ \_\_\_\_\_  
made payable to Lower Cape Outreach Council.

Please charge my tax-deductible contribution in the amount of \$ \_\_\_\_\_  
To Visa/Mastercard. (Please circle one.)

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Name

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Billing Address

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City

State

Zip

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please provide the 3-digit V Code on the back of your card \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ (Only if using a credit card.)

Please list my donation in The Cape Codder as a gift from:

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Please list my donation in The Cape Codder as a memorial to:

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Do not list my name in The Cape Codder.

Please provide your alternative seasonal mailing address (if applicable.)

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