



## **Offline Membership/Donation Form**

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

Name of Individual or Organizational Contact \_\_\_\_\_

Organization Name (individual supporters enter n/a) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Regional Coalition (optional) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Membership:  Lead (\$1000)  Associate (\$500)  Corporate (\$250)  Individual (\$25)

Donation: Amount \$ \_\_\_\_\_

**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 \_\_\_\_\_

Mailing Address \_\_\_\_\_

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.***

Questions may be directed to [ptessier@jri.org](mailto:ptessier@jri.org).