

# Freeport Community Services CONTRIBUTION FORM

Thank you for your support of Freeport Community Services. If you have any questions regarding your contribution, please contact Kim Hudak, 865-3985 or at [info@fcsmaine.org](mailto:info@fcsmaine.org).

## CONTRIBUTOR INFORMATION

Name \_\_\_\_\_  
Organization (optional) \_\_\_\_\_  
Title (optional) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Web Site \_\_\_\_\_

## CONTRIBUTION

\_\_\_\_ Yes, I want to support FCS in the following ways:

Amount of Donation

Service

\_\_\_\_\_

FCS Operations, including Emergency Services, Food Pantry,  
Thanksgiving and Holiday Helpline

\_\_\_\_\_

Wish List

\_\_\_\_\_

Total amount of Donation

## PAYMENT METHOD

\_\_\_\_ Check Enclosed    \_\_\_\_ VISA    \_\_\_\_ MasterCard

Name as it appears on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ ID Number: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

*Please mail to:* Freeport Community Services, P.O. Box 119, Freeport, ME 04032

FCS holds IRS Section 501(c)3 non profit status. Documentation is available upon request.