



**cambridge
center**
for
adult
education

Personal Information

Salutation: Mr. and Mrs. Mr. Mrs. Ms. Dr. Other (please specify): _____

Name(s): _____

Street: _____

City: _____ State _____ Zip _____

Daytime Phone: _____

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Gift Information

I/we would like to support Cambridge Center for Adult Education with a tax deductible gift of:

\$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 Other _____

I/we would like to contribute anonymously _____

I/we would like to give in memory/honor of _____

I would like more information about:

Benefits of becoming a member of CCAE's giving circle: Spreading Chestnut Tree Society

Providing for CCAE in my will, life insurance policy, retirement plan, or with a gift of a stock

Payment Information

CHECK ENCLOSED (payable to: Cambridge Center for Adult Education)

Charge my: **VISA** **MASTERCARD** **AMERICAN EXPRESS**

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name as it appears on the card: _____

Billing Address: _____

Date of donation: _____

You may also make a gift at www.ccae.org/support

Please return this completed form to:

Development Department | Cambridge Center for Adult Education | 42 Brattle Street | Cambridge, MA 02138

Thank you for your support!