

Jonathan O. Cole Resource Center Supporter Form

How to Donate

Use this form to become a supporter of the Cole Resource Center. Please print and complete this form and fax it to (617) 855-3666 or mail it to:

The Jonathan O. Cole Mental Health Consumer Resource Center
115 Mill Street
Belmont, MA 02478

Please check one of the following:

\$5,000. _____

\$1,000. _____

\$ 500. _____

\$ 300. _____

any amount: _____

Your gift is tax deductible (non-profit #04-328-2088)

Supporter mailing information:

Name: _____

Address: _____

City/State/Zip: _____

Please check here if you would like to remain anonymous: _____

The following is for confidential use ONLY:

Your telephone number: _____

Your e-mail address: _____

If you would like to dedicate this donation in memory of _____
Name

or

In honor of _____
Name

An acknowledgement will be mailed to the above address.

Thank you in advance for your support of the Cole Center. The Cole Center maintains donor confidentiality at all times.