

Contribution Form

Deaf-Hearing Communication Centre, Inc.

630 Fairview Road, Suite 100 ♦ Swarthmore, PA 19081 ♦ 610-604-0450 ♦ info@dhcc.org



Name: _____

Address: _____

Phone: _____ Email: _____

I would like to make a contribution to the following (please select one):

- General DHCC Services
- Arlene Long Memorial Education Fund
- Community Interpreting Program (CIP)

Check Enclosed for \$ _____

(Optional) Please name my donation in memory of: _____

Name of Person to Notify (if desired): _____

Please mail this form with your check (payable to DHCC) to:

Deaf-Hearing Communication Centre, Inc.
630 Fairview Road, Suite 100
Swarthmore, PA 19081

On behalf of the DHCC board, staff and consumers, thank you for your donation!