

Contribution Form

Deaf-Hearing Communication Centre, Inc.

630 Fairview Road, Suite 100 | Swarthmore, PA 19081 | [610] 604-0450 V/TTY | [610] 604-0456 FAX | info@dhcc.org



Your 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 make my donation in memory of: _____

Name of Person to Notify (if desired): _____

Address: _____

Are you interested in receiving information on becoming a DHCC Member? Yes No thank you

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

Deaf-Hearing Communication Centre, Inc.
630 Fairview Rd, Ste 100
Swarthmore, PA 19081-2335

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