

Stoneham

Community Development Corporation

Membership Application

Thank you for joining us! With your membership, you are supporting community development efforts that improve the daily lives of people who live, work and visit in Stoneham, Massachusetts.

Please complete this form and return it to: Stoneham CDC, 15 East Street, Stoneham, MA, 02180 or email to StonehamCDC@gmail.com.
Make Checks payable to *Stoneham CDC*.

First Name: _____ Last Name: _____
Address: _____ City/State/Zip: _____
Phone: _____ Email: _____

I will become a member and contribute the following:

Donation Options:

- Payment Enclosed.
- Recurrent Donation. Monthly___ Quarterly___ Other_____
- Credit Card. Visa/Master Card/AmEx/Discover.
Name as it appears on card: _____
Credit Card #: _____
Expiration Date: _____ Security Code: _____
- Circle payment amount: \$100 \$50 \$10 Other \$_____

Please notify me of volunteer opportunities.

Total Contribution: \$ _____

Signature: _____ **Date:** _____

Keep a copy of this form for your tax records. Stoneham CDC is seeking IRS recognition of its status as a public charity.