



**CONSTANCE
B R O W N
HEARING
CENTERS**

Every gift you give advances our mission:

“The prevention, identification, evaluation and rehabilitation of communication disorders caused by impaired hearing.”

YES! I want to support **Constance Brown Hearing Centers’** work at ensuring good hearing health.

Enclosed is my contribution of \$ _____

Please charge my:

Mastercard VISA Discover

Exp. Date _____

Name on Card _____

Signature _____

I would like \$_____ charged to my credit card on the 1st of each month for _____ months
for a total gift of \$_____

I have included my company’s matching gift form.

I would like to be acknowledged as: _____

Name _____

Address _____

City, State, ZIP _____

Telephone _____

Email _____

I would like to receive periodic email updates about what is going on at CBHC.

*For additional information, please contact:

Barbara Sharpe, Director of Development and Communications

(269) 343-2601 or barbaras@cbrown.org