



**Dorchester House**  
Multi-Service Center

*Health and Wellness for Life!*

**YES!** I want to show my support for the work that Dorchester House does in Fields Corner and surrounding communities.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do not add my name to the Dorchester House Multi-Service Center mailing list

**Tell us more about your gift!**

Gift Amount: \$ \_\_\_\_\_

I would like these funds to support:

General Operations

Capital Improvements

Masquer-Aid Ball

Other: \_\_\_\_\_

Please give acknowledgement to:  
\_\_\_\_\_

Check any items that apply to your gift:

This gift is given anonymously

This gift is given in memory

This gift is given to honor someone

**Please return this form and your check (if applicable) to:**

**Jessica Loew**  
**Director of Development**  
**Dorchester House Multi-Service Center**  
**1353 Dorchester Avenue**  
**Dorchester, MA 02122**

**Please make checks payable to Dorchester House Multi-Service Center.**  
**For donations with a credit card, complete the information below**

Card Type:  Visa     Mastercard

Name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, & Zip Code: \_\_\_\_\_