



Commitment Form

If you wish to be included in the program please respond by August 17, 2015

YES! We will support CN Guidance & Counseling Services:

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Please print company name exactly as it should appear in all publications. Company logo should be emailed to dmullarkey@centralnassau.org. Please note that only commitments received prior to printing will be included.

Name	
Title	
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- Check Enclosed For _____
- Please Invoice – Payment Must Be Received By September 3, 2015
- Credit Card Payment

Credit Card Number _____

Expiration Date _____ **Billing Zip Code** _____ **CVC Code** _____

Name As It Appears On Card _____

Mail to: Debbie Mullarkey, Director of Development
 CN Guidance and Counseling Services • 950 South Oyster Bay Road, Hicksville, NY 11801
 dmullarkey@centralnassau.org • Phone (516) 822-6111 • Fax (516) 396-0553
 • Website: <http://centralnassau.org/events/tasteofhope/>



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