

EVENT DONATION COMMITMENT FORM

CONTACT NAME:				
BUSINESS NAME:				
Mailing Address:				
Сіту:	STATE:		_ZIP:	
TELEPHONE:	FAX:	EMAIL:		
WEBSITE:				
I WOULD LIKE TO: (PLEASE CHEC	(ALL THAT APPLY)			
□ DONATE RAFFLE/AUCTION	TEMS. VALUE OF D	ONATION ITEMS: \$		_
DESCRIPTION OF DONATION I				
□ MAKE A MONETARY DONA	ION TO CN GUIDANCE OF \$			
PLEASE MAKE ALL CHECKS PAY	ABLE TO: CN GUIDANCE & C	COUNSELING.		
ITEM DELIVERY INFORMATION:				
WILL BE MAILED/DROPPENEEDS TO BE PICKED UP.		TO I	MAKE ARRANGEMENTS	
WILL BE EMAILED TO CTH			VIANE ANNANGLIVILIVIS.	
THANK YOU FOR YOUR GENEROSITY	AND SUPPORT OF CN GUIDANCE	& COUNSELING SER	VICES' MISSION	

THANK YOU FOR YOUR GENEROSITY AND SUPPORT OF CN GUIDANCE & COUNSELING SERVICES' MISSION.

ALL IN-KIND DONATIONS ARE TAX-DEDUCTIBLE AS CN GUIDANCE & COUNSELING SERVICES, INC. IS A 501(C)(3).

TAX ID #:11-2438388

CONTACT INFORMATION: CARIN THEOBALD

CN GUIDANCE AND COUNSELING SERVICES, 950 S. OYSTER BAY ROAD, HICKSVILLE, NY 11801

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