



COMMUNITY RESOURCE NETWORK

Invoice

If your total operating budget is: Suggested Donation: Non-Profit: For Profit:

<input type="checkbox"/> \$0 - \$149,000	\$100	\$100
<input type="checkbox"/> \$150,000 - \$249,000	\$125	\$150
<input type="checkbox"/> \$250,000 - \$549,999	\$150	\$200
<input type="checkbox"/> \$550,000 - \$999,000	\$175	\$300
<input type="checkbox"/> Over \$1,000,000	\$200	\$400
<input type="checkbox"/> Sponsor a Networking meeting or two!	\$500	\$750
<input type="checkbox"/> Other	\$_____	\$_____

Special Networking:

Support the monthly Family Assistance Network (FAN) meetings in Raymond: \$_____

Individual donations welcome:

Individual \$ 25 \$50

Contact Name: _____

How do you want your organization/agency listed on CRN website: _____

Address: _____

***** Email is the only means of communication about networking meetings, workshops, other information sharing. Please include your email address here and list any other staff names and email addresses you would like to receive information about CRN meetings and workshops:***

Contact's Email address: _____

Telephone Number: _____

Website Address to include on the CRN website membership list: _____

Any questions: Contact Susan Turner sturner@reaction.org cell: 603 969-5318

Please remit to: Families First/CRN
And Send to: c/o Families First Health and Support Center
100 Campus Drive, Suite 12
Portsmouth, NH 03801
Att: Nancy Casko