

YES, I would like to contribute to the CCE of Suffolk.

\$25 \$50 \$100 \$250 \$500

\$1000 Other: \$_____

My check is enclosed, payable to Cornell Cooperative Extension.

Please charge my: VISA MasterCard

Card number: _____

Exp. Date: _____ Verification Code: _____

Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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.....
 This gift qualifies for my company's matching gifts program.
(I've included the form.)

.....
I would like my gift to be used for:

All of Extension

Marine

Agriculture

Peconic Dunes Camp

Community Education

4-H Youth/Suffolk County Farm

.....
Mail completed form to:

Cornell Cooperative Extension of Suffolk County
PO Box 2405
Riverhead, New York 11901