

YES, I would like to contribute to the Annual Appeal.

\$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: _____

Phone: _____ Email: _____

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

I would like my gift to be used for:

- | | |
|---|--|
| <input type="checkbox"/> All of Extension | <input type="checkbox"/> 4-H Youth/Suffolk County Farm |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Family Health and Wellness |
| <input type="checkbox"/> Marine | <input type="checkbox"/> Nutrition and Health |
| <input type="checkbox"/> Peconic Dunes Camp | |

.....
Mail completed form to:

Cornell Cooperative Extension of Suffolk County
ATTN: Annual Appeal
PO Box 2405
Riverhead, New York 11901