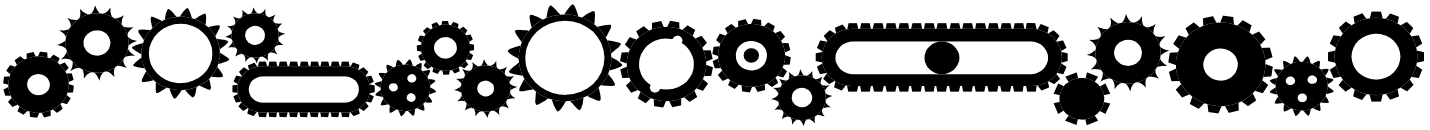

COMMUNITY RESOURCE NETWORK

Invoice

Suggested Donation based on total operating budget of your agency:

☐ **$0 - $149,000**	**$100 or as able**
☐ **$150,000 - $249,000**	**$150**
☐ **$250,000 - $549,999**	**$200**
☐ **$550,000 – $999,000**	**$225**
☐ **Over $1,000,000**	**$350**
☐ **Sponsor a Networking meeting or two!**	**$400**
☐ **Other**	**$_____**

If your agency can't donate this year – individual support of the CRN Networking Meetings greatly appreciated.

☐**$20** ☐ **$35** ☐**$50** ☐**Other $_____**

Contact Name(s): _____

Organization/agency website listing: _____

Address: _____ **Telephone Number:**

***** 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*:**

Names and Email address(es): _____

_____

_____

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

_____

Suggestions for Workshops this year: _____

_____

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

Please write check to: **Families First of the Greater Seacoast**
Please put on the notation line: For CRN

And Send to: **Families First**
100 Campus Drive, Suite 12
Portsmouth, NH 03801