

Participation Agreement

Please send ___ 100 ___ 200 ___ 300 **LEND A VOICE** Cards that I will sell to my customers for a minimum purchase of one dollar each.

Donations received will be sent to SLCD within 2 weeks after the month of my participation.

Participation Month requested: _____

In exchange for my participation, SLCD will list my business in the newsletter and on the website as an SLCD Partner.

Signing of this agreement indicates your participation in our LEND A VOICE Program. **Return as soon as possible: By fax:** 516-609-2683 to insure your agreement to participate. **Or mail:** School for Language & Development (SLCD), 100 Glen Cove Avenue, Glen Cove, NY 11542, *Attn: Development Office.*

Signature _____ Date _____

Print Name _____ Title _____

Business Name _____

Address _____

Phone _____ Fax _____

Email _____ Website _____