

THE HOUSE OF NANNY

NAME _____
ORGANIZATION _____

ADDRESS _____

CITY _____ ZIP _____
COUNTRY _____
TELEPHONE _____ FAX _____
EMAIL _____

HOW WOULD YOU LIKE TO PARTICIPATE IN THE "HOUSE OF NANNY"?

- 1) AS A SPONSOR
- 2) IMPLEMENTING PARTNER
- 3) AS A ONE TIME DONOR
- 4) AS A SHORT TERM VOLUNTEER

ALL DONATIONS IN CHECK MADE PAYABLE TO "THE HOUSE OF NANNY"

WOULD YOU LIKE TO RECEIVE FURTHER INFORMATION ON THE PROGRAM?

PREFERRED METHOD (Please check one)

TELEPHONE _____
EMAIL _____
MAIL _____