



NONPROFIT SUPPORT PROGRAM REGISTRATION FORM

NAME* _____

ORGANIZATION _____

TITLE _____

MAILING ADDRESS _____

EMAIL _____

PHONE _____

I WOULD LIKE TO REGISTER FOR THE FOLLOWING PROGRAMS/WORKSHOPS:

- _____ (Title) _____ (Date)
- _____ (Title) _____ (Date)
- _____ (Title) _____ (Date)

COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.

1324 Belmont Avenue, Suite 401

Salisbury, Maryland 21804

410-742-9911 (phone)

410-742-6638 (fax)

joseph@cfes.org

*Please include a separate registration form for each individual.

**A check, payable to the Community Foundation of the Eastern Shore, must be received before registration will be confirmed for any programs with a registration fee. If you are faxing or emailing your registration form, please be sure to note the names of the participants on the check memo.