



Commitment Form for Community Partners



YES, our organization/business would like to be listed as a Community Partner for the *Embracing Our Differences on Long Island (EOD-LI)* exhibition and commits to:
(please check the activities and services your organization will provide)

_____ Sponsoring a project to support the theme EOD-LI as follows:
 Title of program/activity _____
 Program/activity location _____
 Date _____ Time _____ Reservations required Yes () No ()
 Who is invited? Members only () General public () Children () Adults ()
 Type of activity: ___ seminar ___ workshop ___ training program ___ lecture ___ concert
 ___ dramatic presentation ___ film ___ class learning project ___ other (specify) _____
 ___ Assistance is needed on designing an activity

Program goal: _____

_____ Spread the word about the EOD-LI exhibition by making announcements, distributing flyers and posters, placing notices in our newsletters and sending e-mail "blasts" to our members.

_____ Provide volunteers to assist with EOD-LI

_____ Other: _____

Organization name: _____ Date _____
 Address _____
 Contact name: _____ Title _____
 E-mail address: _____ Phone _____ Fax _____
 Please mail the completed form to: CHDHU, 533 College Road, Selden, New York 11784 or
 fax to 631-451-4697.
 For further information e-mail us at chdhu@sunysuffolk.edu or call 631-451-4700.
 See our Web site at www.chdhu.org/eod

