

June 5, 2016
Rochester Public Market



Vendor Form

I/we want to be there to support the Celebration of Rochester Neighbors!

Contact: _____

Organization Name: _____

Address: _____

Phone: _____ Email: _____

Merchant/Business Association **FREE**

Business /Individual/Organization* **\$50**

*please include certificate of insurance naming NeighborWorks® Rochester as additionally insured

PAYMENT INFORMATION

A check for \$_____ is enclosed (please make payable to NeighborWorks® Rochester)

Charge \$_____ to my Visa Mastercard Discover American Express

Card Number: _____

Exp. Date: _____ 3-digit code(on back of card) _____

Signature: _____

OTHER WAYS TO CONTRIBUTE

Support the event with a contribution of: \$ _____

Donate an in-kind item _____

Please return to NeighborWorks® Rochester, 570 South Ave., Rochester, NY 14620 or fax: 585.325.2587
or email info@nwrochester.org by MAY 19

THANK YOU!



QUESTIONS? Contact Kelly Hallenbeck / 585.325.4170 / info@nwrochester.org

NEIGHBORWORKS® ROCHESTER 570 SOUTH AVE ROCHESTER, NY 14620 www.NWRochester.org