

# CEDAR Associates *Foundation, Inc.*

Eating disorder education, prevention and research



*Yes, I would like to help!*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

Comments \_\_\_\_\_

Enclosed is my contribution of:

\_\_\_\_ \$35 \_\_\_\_ \$50 \_\_\_\_ \$100 \_\_\_\_ \$200 \_\_\_\_ \$other

I would like to be placed on your e-newsletter mailing list!

\_\_\_\_ Yes \_\_\_\_ No

*Please make checks payable to:*

CEDAR Associates Foundation, Inc.

67 South Bedford Rd.

Mt. Kisco, NY 10549