BMP FAX/MAIL-BACK FORM

PLEASE SHARE ANY QUESTIONS/INFORMATION WITH US!

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Date: _____

Your Name: _____

Title: _____

Organization: _____

Address: _____

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Phone: _____ Fax: _____

TO: **Ms. Brooke W. Mahoney**
Executive Director
Volunteer Consulting Group, Inc.
9 East 41st Street, 8th Floor
New York, New York 10012

FAX #: **(212) 370-0418 (or e-mail us at: boardinfo@vcg.org)**

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