



## Answers on File Order Form

Name \_\_\_\_\_

Organization \_\_\_\_\_

Shipping Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

- |                          |   |                       |   |          |
|--------------------------|---|-----------------------|---|----------|
| <input type="checkbox"/> | Governance Assessment                   | Quantity _____ X \$25 | = | \$ _____ |
| <input type="checkbox"/> | Board Leadership                        | Quantity _____ X \$25 | = | \$ _____ |
| <input type="checkbox"/> | Succession and<br>Transition Management | Quantity _____ X \$25 | = | \$ _____ |

For orders of 6 or more (shipped to the same address)  
the quantity discount price is \$22 per copy

**Total** = \$ \_\_\_\_\_

Please send completed order form and check made payable to *Partnership for Nonprofit Enterprise Excellence* to:

Lisa Moore

Fax: 585-238-4202

E-mail: [cceroch@gmail.com](mailto:cceroch@gmail.com)

Mail:

Lisa Moore

165 Court Street

Rochester, New York 14647