



## Naming Opportunity & Room Dedication Request Form

Use the space below to clearly print exactly what should be used on our signage and/or what you would like to name the Therapeutic Preschool if you are interested in a naming opportunity:

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(Your request must be confirmed and approved by Coastside Child Development Center's Board of Directors)

Donor Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form with check or money order to:  
Coastside Child Development Center  
PO Box 84  
Half Moon Bay, CA 94019

\* Donations can also be made online through the **Donate Now** button on the CCDC website.

Please check here if you made your donation online.