



NYSCAP Support Form

The New York State Council on Adolescent Pregnancy, Inc. (NYSCAP) was incorporated in 1985, and has provided leadership in teen pregnancy prevention since its inception.

The **mission** of NYSCAP is to promote healthy adolescent development and well-being, reduce the incidence of adolescent pregnancy and increase the capacity of pregnant and/or parenting youth to become productive members of society. We do this through public awareness, education, promotion of research and supporting of the efforts of individuals and organizations working on behalf of youth. The **vision** is that all students (K-12) receive quality Comprehensive Sexuality Education in order to make safe and healthy decisions about their lives, bodies, relationships and well-being. The addition of your organization's name to NYSCAP's list of supporters will greatly strengthen the impact of our statewide advocacy work and move us closer to our common goals.

Please provide organization/company information:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Website: _____

___ Yes, we support NYSCAP and its mission and vision.

___ Yes, we give permission to post our organization/company name in support of NYSCAP on the NYSCAP website, www.nyscap.org.

Authorized Contact Person: _____

Title: _____

Phone Number: _____

Email: _____

Signature

Date