



Organization Membership 2011-12

108 S. Blount St. - Raleigh, NC 27601

Fax Number: 919-839-6002

Membership Dues:

<u>Budget Size</u>	<u>Amount</u>
<input type="checkbox"/> \$0 - \$50,000	\$50
<input type="checkbox"/> \$50,000 - \$100,000	\$100
<input type="checkbox"/> \$100,000 - \$200,000	\$200
<input type="checkbox"/> \$200,000 - \$300,000	\$250
<input type="checkbox"/> \$300,000 - \$500,000	\$300
<input type="checkbox"/> \$500,000 - \$1,000,000	\$500
<input type="checkbox"/> \$1,000,000 - \$2,000,000	\$1,000
<input type="checkbox"/> \$2,000,000 - \$5,000,000	\$1,250
<input type="checkbox"/> \$5,000,000 +	\$1,500

Organization _____

Executive Director (or top officer) _____

Advocacy Contact (if different) _____

Address _____

City _____

State _____

Zip _____

County _____

Work Phone _____

Cell Phone _____

E-mail Address _____

Web Site _____

Membership Amount: \$ _____

Payment method:

- Check
- American Express
- Discover
- MasterCard
- Visa

For Credit Card Payments:

Acct #:	Exp:	CSC:
Name on Card:		
Address of Cardholder:		
Signature:		

I would like to split my donation into monthly payments – charged to my credit card.

\$ _____ Per Month - for _____ Months - Start Date _____