

Enrollment Form

COMPANY INFORMATION

Company name _____
Contact name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Website _____

PARTNERSHIP LEVEL

Titanium \$30,000 Gold \$5,000 Silver \$2,000
 Diamond \$13,000 Emerald \$3,000 Bronze \$700
 Platinum \$8,800

Please email your company logo in Adobe Illustrator (preferred) or .png format to AOSgood@thedma.org.

FUNDRAISING PRINCIPLES PARTNER PLEDGE

As a strategic partner/agency for nonprofit organizations, I agree to review and support the [DMANF Fundraising Principles](#) as a condition of DMANF Partnership. I agree to share these principles within my company and with my service providers to ensure compliance.

Signed _____ Name _____
Title _____

PAYMENT INFORMATION

I certify that I have read and completed all parts of this application and agree to pay the appropriate Partnership dues.

Initials _____ Date _____

Please indicate payment method:

Check enclosed AmEx Visa Mastercard Discover Invoice my organization

Amount due \$ _____ Card # _____ Exp. date _____

Signature _____

Please do not email credit card information, instead fax to 202.628.4383, attention Alicia Osgood.

If paying by check, please mail to: Christine Rueb, Accounting Manager, DMA Nonprofit Federation (DMANF), 1333 Broadway, Suite 301, New York, NY 10018

DMA Nonprofit Federation Federal Tax ID Number: 13-1810859

Dues and other contributions to the DMA Nonprofit Federation are not tax deductible as a charitable contribution for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of lobbying activities.