



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@ana.net.

FUNDRAISING PRINCIPLES PARTNER PLEDGE

As a strategic partner/agency for nonprofit organizations, I agree to review and support the [ANA NF Fundraising Principles](#) as a condition of ANA NF 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: Alicia Osgood, Director of Communications, ANA Nonprofit Federation (ANA NF), 2020 K Street, NW – Suite 660, Washington, D.C. 20006

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