

Planned Giving Council of Broward County

Member Application (New/Renewal)

Name _____ Title _____

Organization _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Annual Dues: \$200.00

- Dues are based on your anniversary date and are billed annually.
- Nine breakfast meetings are included in membership dues.
- The Annual Symposium is additional.
- Membership is available to individuals only.
- Corporate memberships are not available at this time.

Membership in the Partnership for Philanthropic Planning is a separate membership and can be accessed on their website at www.pppnet.org.



___ Please include me/my company as a Leave A Legacy Broward partner. As a partner, there will be a link to my company on the Leave A Legacy Broward website, I may submit donor and client stories to be published on the website, and I will be invited to participate in Leave A Legacy programs.

___ \$50.00 nonprofit rate for Planned Giving Council members

___ \$75.00 nonprofit rate for non-members

___ \$100.00 corporate rate for Planned Giving Council members

___ \$150.00 corporate rate for non-members

Payment options

**Credit card payments can be emailed to ncpgbroward@att.net
or faxed to 954-726-3492**

Name on card _____

Credit Card No. _____ Exp. Date _____ CVV _____

Billing Address and Zip Code _____

Amount to be charged \$ _____ Signature _____

Checks can be mailed to the Planned Giving Council of Broward, 7154 N. University Dr., #223, Tamarac, FL 33321

7154 N. University Dr., #223
Tamarac, FL 33321
Phone: 954-423-8737 Fax: 954-726-3492
ncpgbroward@att.net
www.ncpgbroward.org