MPGC

Contact Information

First Name: _____ Last Name: _____

Organization: _____

Job Title: _____

The below information is: ☐ Home ☐ Work

Address:_____

City: _____ State/Province: _____ Zip: _____

Country:_____ Postal Code:_____

Phone: _____ Cell: _____ Toll Free: _____

Fax: _____ Web Address: _____

Email: _____ ☐ Remove me from the blast email list

Gender: ☐ Male ☐ Female

I am a:

Select all that apply

☐ CFP
☐ CPA
☐ JD
☐ ChFC
☐ CLU
☐ CFRE
☐ CAP
☐ Other: _____

I am a member of the following organizations:

☐ PPP - Partnership for Philanthropic Planning
☐ AFP - Association of Fundraising Professionals
☐ AHP – Association of Healthcare Professionals
☐ CASE - Council for the Advancement and Support of Education
☐ American Bar Association
☐ American Council on Gift Annuities
☐ Estate Planning Council
☐ Other _____

Please check primary employer:

☐ Educational Institution
☐ Financial Planning Practice/Firm
☐ Hospital/Health Care Org.
☐ Insurance Company/Firm
☐ Religious Organization
☐ Accounting Practice/Firm
☐ Social Service Organization
☐ Law Practice/Firm
☐ Environmental Organization
☐ Consulting Practice/Firm
☐ Arts Organization
☐ Bank or Trust Company
☐ Community Foundation
☐ Brokerage Firm
☐ Youth Serving Organization
☐ Family Office
☐ Other Nonprofit Organization
☐ Other For-profit Business

Payment *(all fields are required fields)*

☐ 1 year of membership in the Minnesota Planned Giving Council (MPGC): **$125**

☐ Additional contribution to support the vitality and sustainability of MPGC activities: **$**_____   **Total: $**_____

☐ VISA ☐ MasterCard ☐ Check (payable to MPGC)   **Amount Enclosed: $**_____

If paying by credit card, all fields are required.

Card number: _____ Exp. Date: _____ Sec Code: _____

Print name of cardholder: _____

Signature: _____

Cardholder Phone:_____

Cardholder Address: _____

(For office use only)	
initials	fin.
date	
CK/CC	
amt. paid	
bal. due	

Mail with payment to: Minnesota Planned Giving Council

1000 Westgate Drive, Suite 252 | St. Paul, MN 55114