

Partnership requests will be on a first come, first serve basis, date/time stamped. In the event a partnership opportunity is requested by more than one organization, please select a 1st and 2nd choice and we will do our best to accommodate your preference.

Planned Giving Round Table of Arizona Partnership Form

Organization Name: _____ <i>(The above organization name will be used in marketing materials.)</i>
Contact Name: _____
Title: _____
Phone: _____
Email: _____
Address: _____

Please sign & return this form to info@pgrtaz.org or fax 480-922-5283

We would like to partner with PGRTAZ by supporting the following options(s):

- _____ \$500 [January 17, 2017 monthly program](#)
- _____ \$500 [February 21, 2017 monthly program](#)
- Not Available** \$500 [March 21, 2017 monthly program](#)
- _____ \$500 [April 18, 2017 monthly program](#)
- _____ \$1500 [Website](#) through June 2017
- _____ \$750 On line membership directory and jobs posting through June 2017
- _____ \$1500 Hard copy membership brochure

Signature: _____ Date: _____

Thank you for your support!

Planned Giving Round Table of Arizona
in care of: Premium Organization
PO Box 4130
Scottsdale AZ 85261
www.pgrtaz.org E-mail: info@pgrtaz.org
602-840-2900