

Gifts In Kind Application for Membership

Agency Name _____

Director Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ e-mail _____

How long in operation _____

Mission: _____

Budget:	Under \$50,000	_____
	\$50,000 - \$99,000	_____
	\$100,000 - \$499,999	_____
	\$500,000 - \$999,999	_____
	\$1,000,000 and up	_____