

CENTER FOR NONPROFIT EXCELLENCE

Membership Form

Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Email: _____

Website: _____

Membership Option: _____

Method of Payment:

Please send me an invoice

Enclosed is my check payable to the Community Foundation of North Central Florida

Please charge my credit card *(please note: there is a 3% processing fee)*: Visa MasterCard

Account #: _____

Exp. Date: _____ Security Code: _____

Billing Address, if different from above: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Please mail, fax or email completed form to:



COMMUNITY FOUNDATION
of North Central Florida

3919 W. Newberry Rd., Suite 3
Gainesville, FL 32607
Phone: 352-367-0060

Fax 352-378-1718

office@cfncf.org

*Payment plans are available upon request. **Payment can be deferred until January 2017.