



PPGC Group Membership Form

Group Membership \$560/year: Membership is for up to five (5) individuals from the same institution; additional members can be added for \$140 / member. At nine (9) members, the 10th member is free. All members on a group membership receive full benefits of individual membership.

For your convenience, credit card dues payments can be made immediately on our website at:
www.ppgc.net/JoinPPGC.asp

Organization: _____

Address: _____

City/State/Zip Code: _____

Please return completed form and payment to: PPGC, PO Box 9729, Pittsburgh, PA 15229

So that we may better serve you, please complete information below:

Who pays your dues: Self Organization

Organization Annual Budget:

<\$1 mil. \$1-2.9 mil. \$3-4.9 mil. >\$5 mil.

Organization Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Arts/Cultural | <input type="checkbox"/> Historical/Museum | <input type="checkbox"/> Animal/Environment |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Human Services | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Education | <input type="checkbox"/> Practicing Attorney | <input type="checkbox"/> Financial Services Professional |
| <input type="checkbox"/> Bank/Trust Officer | <input type="checkbox"/> Foundation | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Other: _____ | |

1st Member's Name: _____

Title: _____

Phone: _____ email: _____

I certify that I have read and subscribe to the *Model Standards for the Charitable Gift Planner* and I accept the responsibility to abide by that Code.

Signature Required

2nd Member's Name: _____

Title: _____

Phone: _____ email: _____

I certify that I have read and subscribe to the *Model Standards for the Charitable Gift Planner* and I accept the responsibility to abide by that Code.

Signature Required

3rd Member's Name: _____

Title: _____

Phone: _____ email: _____

I certify that I have read and subscribe to the *Model Standards for the Charitable Gift Planner* and I accept the responsibility to abide by that Code.

Signature Required

4th Member's Name: _____

Title: _____

Phone: _____ email: _____

I certify that I have read and subscribe to the *Model Standards for the Charitable Gift Planner* and I accept the responsibility to abide by that Code.

Signature Required

5th Member's Name: _____

Title: _____

Phone: _____ email: _____

I certify that I have read and subscribe to the *Model Standards for the Charitable Gift Planner* and I accept the responsibility to abide by that Code.

Signature Required