A picture containing company name

Description automatically generated

Sponsorship/Membership Application

**Please reserve the following Sponsorship/Membership package for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Company Name)

\_\_\_\_Benefactor $7,500 \_\_\_\_ Supporter $5,000 \_\_\_\_ Steward $1,000

Sponsorships are valid for one year. Starting from when application/payment is received by Philanthropy Network of NY.

MEMBERSHIP RATES 2023

(Additional Administration Fee of $20.00 per registrant/per event) \*\*

\_\_\_\_$2,900 Membership\*\* (Company < 10) \_\_\_\_$3,900 Membership\*\*

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**PLEASE COMPLETE PAYMENT AND CONTACT INFORMATION BELOW**

**Method of Payment** (please check one):

( ) Check in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Check enclosed

( ) Please charge $ \_\_\_\_\_\_\_\_\_\_\_\_\_ to Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp Date \_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_\_ AMEX ( ) VISA ( ) MC ( )

Name on Credit Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal I.D. # 92-2575440

Date Received by **PNNEWYORK** \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Please note all payments made via credit card have a 4% convenience fee added to the invoice***

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_

Please make check payable to: Philanthropy Network of New York or Email this form to liz@pnnewyork.com or mail to: PNNEWYORK: 10 Angelica Court, Hauppauge, NY 11787

For additional information please email: **liz@pnnewyork.com**