Stewardship Partner Request For Proposal

Please complete the following form to receive a proposal from eGive. Sign up to become an eGive Stewardship Partner today! Please fax or mail this form. If you wish to sign up electronically please complete the secure Sign Up For eGive form on the web site.

Receiver Organization's Information:

Please enter your organization's full legal name and primary billing address. Receiver Name should also match the name on your checks, or the name on the bank account where funds will be deposited.

Organization Type (check one:) _____ Church or Religious Organization
_____ Charity or Non-Profit Organization
_____ Educational (School, College or University)

Receiver Organization Name: _____

Address/ City, Sate Zip _____

Web Site: _____

Primary Contact Person: _____

Phone Number: _____

Primary Contact Person:

It is important that we have one primary contact person with whom we can discuss transaction authorizations, account information, etc.

Title / Full Name (Print): _____

Email: _____

Phone: _____

Please choose how you would like us to contact you: ____ Email _____ Telephone