



SPONSORSHIP APPLICATION

DATE _____

ORGANIZATION: _____

CONTACT NAME: _____ TITLE: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX: _____

WEB ADDRESS: _____ E-MAIL: _____

How did you hear about the Alliance? _____

How would you prefer to receive the bimonthly *Alliance Report*? (circle one) E-mail US Mail

To calculate your dues, please refer to the contribution table below. Minimum dues are \$575.00.

Your annual gross sales to nonprofit customers:	Your suggested dues are:
Up to \$49,999	\$575.00 (minimum)
\$50,000-\$499,000	\$1150.00
\$500,000-\$1,499,000	\$2875.00
\$1,500,000-\$2,499,000	\$5175.00
\$2,500,000-\$3,499,000	\$8050.00
\$3,500,000-\$4,499,000	\$11,500.00
\$4,500,000-Over	\$12,000.00

Applicable Contribution: \$ _____

_____ Please submit a statement for our contribution.

\$ _____ Total Enclosed ___ Check ___ Visa ___ MasterCard ___ American Express

Credit Card Number: _____ Expiration: _____

Signature: _____ Date: _____

Contributions to the Alliance of Nonprofit Mailers are not tax deductible as charitable contributions for income tax purposes; however, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The Alliance of Nonprofit Mailers estimates that the nondeductible portion of your 2009 dues (the portion which is allocable to lobbying) is 30%. TAX ID #52-1349816.

NONPROFIT REFERENCES

Please list nonprofit customers or clients to be contacted.

ORGANIZATION: _____

CONTACT NAME/TITLE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

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