



# NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

734 15th Street NW - Suite 700 | Washington, DC 20005-1013  
 tel.202.637.0470 | fax.202.637.0471 | toll free 888.TRY.NCDC (879.6232)  
[www.ncdc.org](http://www.ncdc.org)

## 2019 CORPORATE PARTNERSHIP RENEWAL FORM

Please return by December 31, 2018

**Organization:** \_\_\_\_\_  
**City, State:** \_\_\_\_\_

Annual Dues			
Annual dues are based on gross revenue from Catholic fundraising clients. Please use the table to the right to find your organization's annual dues.  **Very small businesses may be eligible for a special rate on a case-by-case basis. Contact NCDC for approval.		Gross Revenue from Catholic Fundraising Clients	Annual Dues
	<input type="checkbox"/>	More than \$9,000,000	\$5,250
	<input type="checkbox"/>	\$7,000,000 - \$8,999,999	\$4,400
	<input type="checkbox"/>	\$5,000,000 - \$6,999,999	\$3,800
	<input type="checkbox"/>	\$3,000,000 - \$4,999,999	\$3,050
	<input type="checkbox"/>	\$2,000,000 - \$2,999,999	\$2,500
	<input type="checkbox"/>	\$1,000,000 - \$1,999,999	\$2,100
	<input type="checkbox"/>	Less than \$1,000,000	\$1,700

Accountability Information
<p>Corporate Partners agree to:</p> <ul style="list-style-type: none"> <li>Adhere to the <b>NCDC Corporate Partners Rules of Business Ethics</b> (available online at <a href="http://ncdc.org/become-a-member">ncdc.org/become-a-member</a>)</li> <li>Support the <b>Donor Bill of Rights</b> (available online at <a href="http://ncdc.org/become-a-member">ncdc.org/become-a-member</a>)</li> </ul> <p>By my signature below, I certify the accuracy of this form to the best of my knowledge and my organization agrees to adhere to the above-mentioned documents to the best of our ability.</p> <p>Name of Accredited Representative (PRINT) _____</p> <p>Signature of Accredited Representative _____ Date _____</p> <p style="text-align: center;">(over)</p>

To renew online, visit [ncdc.org](http://ncdc.org) & log in to your account



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### Payment Information

Check Enclosed

Visa    Mastercard    American Express    Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

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

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

Signature of Cardholder \_\_\_\_\_

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