



NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

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www.ncdc.org

2018 CORPORATE PARTNERSHIP RENEWAL FORM

Please return by December 31, 2017

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 | \$5,000 |
| | <input type="checkbox"/> | \$7,000,000 - \$8,999,999 | \$4,200 |
| | <input type="checkbox"/> | \$5,000,000 - \$6,999,999 | \$3,600 |
| | <input type="checkbox"/> | \$3,000,000 - \$4,999,999 | \$2,900 |
| | <input type="checkbox"/> | \$2,000,000 - \$2,999,999 | \$2,400 |
| | <input type="checkbox"/> | \$1,000,000 - \$1,999,999 | \$2,000 |
| | <input type="checkbox"/> | Less than \$1,000,000 | \$1,600 |

Accountability Information

Corporate Partners agree to:

- Adhere to the **NCDC Corporate Partners Rules of Business Ethics** (available online at ncdc.org)
- Support the **Donor Bill of Rights** (available online at ncdc.org)

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.

Name of Accredited Representative (PRINT) _____

Signature of Accredited Representative _____ Date _____

(over)

To renew online, visit ncdc.org & log in to your account

Annual Fund

My organization would like to contribute

\$ _____

to the NCDC Annual Fund.

Payment Information

Check Enclosed

Visa Mastercard American Express Discover

Card # _____ Exp. Date ____ / ____ CVV _____

Name of Cardholder _____

Billing Address _____

City _____ State _____ Zip _____

Signature of Cardholder _____

To renew online, visit ncdc.org & log in to your account