



# Organization Enrollment

Please print all information clearly.

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

Organization Address (where you would like quarterly checks mailed) \_\_\_\_\_

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

Organization Phone Number \_\_\_\_\_ Organization Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ Email Address (if any) \_\_\_\_\_

Principal, Executive Director or other authorizing officer \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ Email Address (if any) \_\_\_\_\_

Shipping Address (no P.O. Boxes please) \_\_\_\_\_

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

Attention \_\_\_\_\_ Phone Number (for UPS) \_\_\_\_\_

Is your organization currently active in other affinity programs  Yes  No Specify \_\_\_\_\_

Your organization's Tax I.D. Number (EIN) \_\_\_\_\_ Number of CARD Order Forms requested

Please check the box that applies to your organization. If your organization is a school and would like to have sub-accounts for certain departments or special programs that need funding, please check this box,  then complete the information below under School Programs. This will enable your supporters to indicate their preference for supporting those programs. Your school will receive a quarterly payment and report on each designated department or special program supported.

### School Programs

- Art / Music
- Outdoor Education / Field Trips
- Sports
- Other Clubs. Please specify \_\_\_\_\_

### Type of Organization

- Cultural / Civic
- Conservation / Environment
- Education
- Health
- Human Services
- Relief / Development
- Religious

### Enrollment Authorization and Acceptance

I understand that a direct deposit and related activity report will be received by our organization on a quarterly basis, unless donations are less than \$25.00 for the accounting period. In such a case, a direct deposit and activity report will be received by our organization in subsequent accounting periods, when the total amount accumulated for our organization reaches at least \$25.00. I further understand that our organization's participation in this program is contingent upon our maintaining in good standing a 501(c)(3) nonprofit classification specified by the Internal Revenue Service. I have read the Terms and Conditions and disclosure statement accompanying this form and accept all of the provisions contained therein.

Name of Bank \_\_\_\_\_ Transit Number (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

To confirm the accuracy of your bank account information, please include a copy of a voided check when returning this form.

### By signing below:

I have read and agree to the COMMUNITYsmart™ Bonus Rewards terms and conditions for receiving quarterly payments. I hereby authorize COMMUNITYsmart™ to collect funds on behalf of our organization and to send quarterly payments to the address indicated above.

Name and Title of authorizing person (please print) \_\_\_\_\_

Signature of authorizing person \_\_\_\_\_ Date \_\_\_\_\_

Important: A signed copy of this authorization form, a copy of the 501(c)(3) filing and a copy of a voided or cancelled check must be received by our office before deposits can be made into your organization's account. Please fax this document to 707.542.5644, or mail to: COMMUNITYsmart Bonus Rewards, P.O. Box 4224, Santa Rosa, CA 95402 Questions? Call 1.888.730.9241 www.communitysmart.com

Responsible incentives making a difference.

