



MEMBERSHIP

APPLICATION

Primary Representative

Name _____

Title _____

Company _____

Street _____

City _____

State _____ Zip _____

Telephone _____

E-mail _____

Yes! Please renew me for another year!

Yes! I want to join the growing list!

Please choose a membership level:

___ Humanitarian \$2,500/yr

___ Advocate \$1,000/yr

___ Backer \$500/yr

PLUS

___ Matching challenge \$100 = Total Due _____

Dealers: *Make giving easier - you are able to commit a percentage of each rebate check!*

___ % of each rebate check
Amount will determine your level of membership!

Vendors: *Make giving easier - you are able to commit a percentage of sales volume!*

___ % quarterly or annually

___ % off invoice (Amount will determine your level of membership!)

Payment information

___ Check ___ Visa ___ MC ___ Invoice

Card Number _____

Expiration Date _____

Name on Card _____

Date _____

Signature _____

* If paying by credit card, please check this box to add 2% to cover processing fees.

Fax/email completed application and payment information to Fax 303-322-2225 or ray@theexcellfoundation.org

Excell Foundation Membership
7900 E. Union Avenue Suite 975
Denver, CO 80237

If you have any questions, please contact us:
303-322-2229
ray@theexcellfoundation.org
www.theexcellfoundation.org

Once the application and check / credit card payment is received by The Excell Foundation, you will promptly receive a notification of your membership activation and a letter for your tax records.

WOULD YOU LIKE TO RECEIVE THE FOUNDATION'S NEWSLETTER?

YES NO

FOR DETAILS ON HOW TO NOMINATE A NON-PROFIT CONTACT RAY MERENSTEIN, EXECUTIVE DIRECTOR, 303-266-5486