Stewardship Partner Request For Proposal

Please complete the following form to receive a proposal from eGive. Sign up to become an eGive Stewardship Partner today! Please fax or mail this form. If you wish to sign up electronically please complete the secure Sign Up For eGive form on the web site.

Receiver Organization's Information…

Please enter your organization's full legal name and primary billing address. Receiver Name should also match the name on your checks, or the name on the bank account where funds will be deposited.

Organization Type (check one:)
_____ Church or Religious Organization
_____ Charity or Non-Profit Organization
_____ Educational (School, College or University)

Receiver Organization Name: _____
Address/ City, Sate Zip: _____
Web Site: _____
Primary Contact Person: _____
Phone Number: _____
Email Address: _____

Primary Contact Person…

It is important that we have one primary contact person with whom we can discuss transaction authorizations, account information, etc.

Title / Full Name (Print): _____
Email: _____
Phone: _____

Receiver Depository Financial Institution…

Where would you like the donations to be deposited?

Bank Name: _____
Branch Name: _____
Address/ City, Sate Zip: _____
Bank ABA Routing #: _____
Bank Account #: _____