



Annual Membership Application

Please take a moment to review new membership options at www.plannedgivinglee.org/membership

Name: _____

Title: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Mobile: _____

E-Mail: _____

Membership Type: *

Individual (\$225): Organizational (\$300): Organizational + Sponsorship (\$475):

Payment Method:

Please e-mail me an invoice: Paying online: Sending a check:

E-mail completed form to pgcswf2022@gmail.com and pay online at www.plannedgivinglee.org/membership

OR mail completed application and check to: Planned Giving Council of Lee County, Inc.
P O Box 07066
Fort Myers, FL 33919

*Dues include nine regular monthly lunch meetings. Membership dues do not cover registration for special seminars, symposiums and other educational and networking events aside from the regular monthly lunch meetings.

Signature: _____

I certify that I have read and subscribe to the Model Standards of Practice for the Charitable Gift Planner (available on our website at www.plannedgivinglee.org/articles-and-resources), and I accept the responsibility to abide by that Code.