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SQF12

# Subscription Qualification Form

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Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Office Address \_\_\_\_\_

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

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature (req'd) \_\_\_\_\_ Date (req'd) \_\_\_\_\_

**1 Which best describes your organization's purpose: (Circle one)**

- |              |                   |                        |
|--------------|-------------------|------------------------|
| A. Religion  | E. Culture        | I. Association         |
| B. Education | F. Social/Welfare | J. Other purpose       |
| C. Health    | G. Government     | K. Consultant/Supplier |
| D. Civic     | H. Foundation     | L. Environmental       |

**2 Estimated annual revenue/budget of your organization: (Circle one)**

- |                              |                                |
|------------------------------|--------------------------------|
| A. Under \$500,000           | D. \$10,000,000 - \$24,999,999 |
| B. \$500,000 - \$999,000     | E. \$25,000,000 - \$49,999,999 |
| C. \$1,000,000 - \$9,999,999 | F. \$50,000,000 +              |

**3 Your executive responsibilities fall mainly within which area: (Circle one)**

- A. Administration    B. Development

**4 Your organization raises funds by: (Circle ALL that apply)**

- |                  |                     |             |
|------------------|---------------------|-------------|
| A. Direct Mail   | D. TV/Radio         | G. Grants   |
| B. Telephone     | E. Person to Person | H. Internet |
| C. Planned Gifts | F. Special Events   |             |

**5 May THE NONPROFIT TIMES email you:**

- A. Subscription information?     Yes     No
- B. **THE NONPROFIT TIMES** newsletters?     Yes     No

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