



# New Mexico Association of Grantmakers

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## Donation & Membership Form

New Mexico Association of Grantmakers mission is to increase the effectiveness and impact of organized philanthropy in New Mexico.

### Rolling Membership Period

#### Membership Level: Check One

|            |  |
|------------|--|
| \$500.00   | If Annual New Mexico Grants were \$25,000 - 99,999         |
| \$650.00   | for public sector (government) grantmakers                 |
| \$1,000.00 | If Annual New Mexico Grants were \$100,000 - \$399,999     |
| \$1,500.00 | If Annual New Mexico Grants were \$400,000 - \$999,999     |
| \$2,000.00 | If Annual New Mexico Grants were \$1,000,000 - \$1,999,999 |
| \$3,000.00 | If Annual New Mexico Grants were \$2,000,000 - \$4,999,999 |
| \$5,000.00 | If Annual New Mexico Grants were \$5,000,000 and above     |

*Membership Levels - these are optional, and welcome, donations constitute the only way we can grow to meet our state's needs.*

|                       |            |
|-----------------------|------------|
| \$2,500.00-\$4,999.00 | Sustainer  |
| \$5,000.00-\$9,999.00 | Patron     |
| \$10,000.00 and above | Benefactor |

Total Amount Enclosed

Name \_\_\_\_\_

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

Title/Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ URL \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:

**board@nmag.org**  
or mail to:  
New Mexico Association of Grantmakers  
P.O. Box 9280  
Santa Fe, NM 87504-9280

#### Questions?

Phone: (505) 660-5073  
Email: board@nmag.org

## Additional Designated Member Staff Contact Info

|   |                        |
|---|------------------------|
| Designated Member Name: _____<br>Title _____<br>Email Address _____<br>Phone: _____ | Primary<br><br>Billing |
| Designated Member Name: _____<br>Title _____<br>Email Address _____<br>Phone: _____ | Primary<br><br>Billing |
| Designated Member Name: _____<br>Title _____<br>Email Address _____<br>Phone: _____ | Primary<br><br>Billing |
| Designated Member Name: _____<br>Title _____<br>Email Address _____<br>Phone: _____ | Primary<br><br>Billing |
| Designated Member Name: _____<br>Title _____<br>Email Address _____<br>Phone: _____ | Primary<br><br>Billing |