



COUNCIL OF NEW JERSEY GRANTMAKERS/*Harnessing Philanthropy's Potential*

## 2017 CNJG Dues Invoice

### Eligibility

Membership in the Council of New Jersey Grantmakers is available to organizations that have grantmaking as a primary part of their mission.

### Term

The Membership period is January 1, 2017 through December 31, 2017 (Payment is expected by July 1).

### Investment

Dues are based on an organization's total annual grantmaking.

Organizations who choose to do so, may calculate their membership dues by using an average of their annual grantmaking over the past three years.

Annual Giving Level	Dues	*Optional Leadership Dues Contribution
\$ 0 - \$ 100,000	\$ 670	+ \$100 to \$300
\$ 100,001 - \$ 250,000	\$ 800	
\$ 250,001 - \$ 500,000	\$ 1,235	+ \$250 to \$750
\$ 500,001 - \$ 750,000	\$ 1,595	
\$ 750,001 - \$ 1 million	\$ 2,215	
\$ 1 million - \$ 2 million	\$ 3,090	+ \$500 to \$2,500
\$ 2 million - \$ 3 million	\$ 4,945	
\$ 3 million - \$ 5 million	\$ 7,110	+ \$1,000 to \$3,000
\$ 5 million - \$ 7.5 million	\$ 8,960	
\$ 7.5 million - \$10 million	\$ 9,270	+ \$2,000 to \$5,000
\$ 10 million - \$ 15 million	\$11,125	
\$ 15 million - \$ 20 million	\$13,600	+ \$3,000 to \$7,500
\$ 20 million - \$ 30 million	\$19,775	
\$ 30 million - \$ 50 million	\$22,250	
\$ 50 million - \$ 75 million	\$30,900	
\$ 75 million and above	\$36,050	

*Some members choose to make all or a portion of their dues in the form of a grant. For tax purposes, all dues in excess of \$670 may be reasonably reported as a grant.*

Organization: \_\_\_\_\_

Enclosed is our check of \$ \_\_\_\_\_ for 2017 Membership dues.

We pledge to send our 2017 Membership of \$ \_\_\_\_\_ by \_\_\_\_\_, 2017

Please note that the base dues cover about 77% CNJG's core operational costs. Some members make additional contributions in the form of Leadership Grant (see box below). Others prefer to add a Leadership Dues supplement to their base dues (simply add it to your 2017 Membership Dues total above). These welcome funds help to underwrite the CNJG's many programs and services.

We are pleased to enclose an additional gift of \$ \_\_\_\_\_ as a Leadership Grant/Dues.

**Please return this renewal notice and your completed Member Profile to CNJG.**

*CNJG is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Federal Tax ID #22-3470235*  
Council of New Jersey Grantmakers • 111 West State Street • Trenton, New Jersey 08608 • Phone: (609) 341-2022 • Fax: (609) 777-1096

*Please print legibly or type*

<b>Organization Information</b>	<b>Name:</b>	
	Mailing Address:	
	City, State, Zip+4:	
	Website:	
	Email:	
	Telephone:	Fax:
	EIN #:	Congressional District:
	Assets:	Staff Size:

May we link from our website to yours?  Yes  No  
*CNJG will not post any information on our website that is not otherwise available through public sources.*

<b>Grantmaker Type</b>	<input type="checkbox"/> Community Foundation	<input type="checkbox"/> Government
	<input type="checkbox"/> Corporate Foundation	<input type="checkbox"/> Independent Foundation
	<input type="checkbox"/> Corporate Giving Program	<input type="checkbox"/> Public Grantmaking Charity
	<input type="checkbox"/> Family Foundation	<input type="checkbox"/> Individual Philanthropist
	<input type="checkbox"/> Federated Fund (ie. United Ways)	<input type="checkbox"/> Other:

<b>Grantmaking Information</b>	Last Grant Year:	
	Total Annual Grants: \$	% in New Jersey: %
	Geographic Distribution:	
	Minimum Award:	Maximum Award:
	Proposal Deadlines:	Award Dates:

**Significant Funding Areas: (Please indicate all areas of giving, or attach copy of your giving guidelines.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Animal Related                      | <input type="checkbox"/> Financial Literacy                | <input type="checkbox"/> Paterson                       |
| <input type="checkbox"/> Arts/Culture/Humanities             | <input type="checkbox"/> Food & Agriculture                | <input type="checkbox"/> Place-Based Funding            |
| <input type="checkbox"/> Camden                              | <input type="checkbox"/> Health - General & Rehabilitative | <input type="checkbox"/> Public Safety                  |
| <input type="checkbox"/> Children/Youth Development          | <input type="checkbox"/> Higher Education                  | <input type="checkbox"/> Religion/Spiritual Development |
| <input type="checkbox"/> Civil Rights/Social Action/Advocacy | <input type="checkbox"/> Hospitals                         | <input type="checkbox"/> Science/Technology             |
| <input type="checkbox"/> Community Development               | <input type="checkbox"/> Housing/Shelter                   | <input type="checkbox"/> Seniors/ Aging                 |
| <input type="checkbox"/> Crime Prevention/Legal              | <input type="checkbox"/> Human Services                    | <input type="checkbox"/> Southern New Jersey            |
| <input type="checkbox"/> Disaster Response/Relief            | <input type="checkbox"/> International                     | <input type="checkbox"/> Trenton & Mercer County        |
| <input type="checkbox"/> Educational                         | <input type="checkbox"/> Medical Research                  | <input type="checkbox"/> Transportation                 |
| <input type="checkbox"/> Emerging Leaders                    | <input type="checkbox"/> Mental Health/Crisis Intervention | <input type="checkbox"/> Women & Girls                  |
| <input type="checkbox"/> Employment/Jobs                     | <input type="checkbox"/> Monmouth & Ocean Counties         | <input type="checkbox"/> Other:                         |
| <input type="checkbox"/> Environment                         | <input type="checkbox"/> Newark                            |   |

*(CNJG will add your contacts to our members-only listserves we have based on your selected funding areas)*

**Primary Contact Person/Voting Representative** *(This person will automatically receive all relevant mailings and email notices, and will be listed on our website Membership Directory.)*

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

Mailing address *(if different)*: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Nickname: \_\_\_\_\_

Please indicate which best describes this contact's role/responsibilities: (Please check all that apply.)

- |   |   |                                  |  |  |
|---|---|----------------------------------|--|--|
| <input type="checkbox"/> Advisor        | <input type="checkbox"/> Board Chair    | <input type="checkbox"/> Finance | <input type="checkbox"/> Trustees        | <input type="checkbox"/> Scholarship       |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Communications | <input type="checkbox"/> Grants  | <input type="checkbox"/> Program         | <input type="checkbox"/> Senior Management |
| <input type="checkbox"/> CEO            | <input type="checkbox"/> Consultant     | <input type="checkbox"/> HR      | <input type="checkbox"/> Press           | <input type="checkbox"/> Staff             |
| <input type="checkbox"/> CFO            | <input type="checkbox"/> Development    | <input type="checkbox"/> Legal   | <input type="checkbox"/> Representatives | <input type="checkbox"/> Technology        |

**Additional Contacts:** *(If you need to add more contacts, please attach a separate page.)*

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

Mailing address *(if different)*: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Nickname: \_\_\_\_\_

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Please subscribe this contact to the following:

- |  |   |
|--|---|
| <input type="checkbox"/> CNJG News and other email announcements                   | <input type="checkbox"/> All program invitations, notices, and flyers |
| <input type="checkbox"/> Family Ties - quarterly e-news for family foundations     | <input type="checkbox"/> Please list in the Online Member Directory   |
| <input type="checkbox"/> Corporate Brief - bi-monthly e-news for corporate members |   |

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

Mailing address *(if different)*: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Nickname: \_\_\_\_\_

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