

Grants Managers Network

Contribution Transmittal Form 2010

Organization Information

Organization Name: _____

Address: _____

Phone: _____

Fax: _____

Web address: _____

Assets (or total giving) as of most recent \$ _____ as of ____/____/____
fiscal year end:

Grantmaking Organization's Assets*	Contributing Organization Membership
\$0 - \$5,000,000	\$250
\$5,000,001 - \$10,000,000	\$500
\$10,000,001 - \$ 25,000,000	\$750
\$25,000,001 - \$ 50,000,000	\$1,000
\$50,000,001 - \$ 100,000,000	\$1,500
\$100,000,001 - \$ 500,000,000	\$2,000
\$500,000,001 - \$ 1,000,000,000	\$2,500
\$1,000,000,001 and greater	\$4,000
Sponsoring Organization	\$4,001 - \$100,000+

*If your organization is not endowed, visit www.gmnetwork.org/support for levels by total annual giving.

Amount of contribution

\$ _____ contributing organization membership contribution AND/OR

\$ _____ grant AND/OR

\$ _____ individual contribution (please include matching gift form if applicable)

Please mail your check payable to the **Grants Managers Network** together with this form to:

Michelle Greanias
Executive Director
Grants Managers Network
1101 14th Street, NW, Suite 420
Washington, DC 20005

Thank you for your support!

GMN Members at your organization (attach additional sheets if needed)

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

Fax: _____

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