



Mentor Sign Up Form

Name: _____ Title: _____
Employer/Organization: _____
Address: _____
Phone: _____ E-mail: _____

Your Primary Area of Practice:

- Consultant
- Gift Planner for Non-Profit
- Professional Advisor (accountant, attorney, financial planner, other)
- Professional Services (vendor providing services to gift planning community)

Years of Experience in Gift Planning or Related Field:

- 0-3
- 4-7
- 8-10
- More than 10

Types of Individuals You Prefer to Mentor:

- Consultant
- Gift Planner for Non-Profit, Preferred Area (if any)
- Professional Advisor
 - Accountant
 - Attorney
 - Financial Planner
 - Other:
- Professional Services, Preferred Area (if any)

Signature

Date

***Return form to the PGCGP Office
P.O. Box 579, Moorestown, NJ 08057
Fax: 856-727-9504
info@pgcgp.org***