



**SOLUTIONS
MATTER**

Information Request Form

Complete this form to help us determine How Best to Evaluate Your Needs

Your Name: _____

Your Title: _____

Program Name: _____

Do you have a separate 501(c) (3) program? If yes, Type/Name:

Number of Employees: _____ Program Attendance: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Project Name: _____

(Project for which you are seeking funding)

Brief Project Description:

What consulting services are you requesting additional information:

- Strategic Partnership Opportunities
 - Getting Started in Fundraising
 - Establishing Your Non-Profit 501(c)(3) or separate /CDC
 - Federal, State Proposal Writing
 - Researching Proposal and Grant Opportunities
 - Non-Profit Board Development Training
 - Identifying Partners and Possible Collaborators
 - Online Fundraising
 - Program Planning and Design
 - Special Event Fundraising
 - Building a Donor database
 - Building a Planned Giving Program
 - Other: _____
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-
-
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Please email: Sharon@SolutionsMatter.net or FAX: (856)312-3814
Schedule Your Initial Consultation: <https://bit.ly/3asaqna>

Return this form to us 2 Days BEFORE your scheduled appointment

Website: www.solutionsmatter.net