



NORTHERN CALIFORNIA PLANNED GIVING COUNCIL

BOARD OF DIRECTORS NOMINATION FORM

Submit form to:
info@ncpgcouncil.org

YOUR INFORMATION

Name: _____

E-Mail: _____

- I have talked to the Nominee about potential board service, explained that if elected, the Nominee would serve a 3-year term, and the Nominee has indicated interest in serving if elected.

NOMINEE INFORMATION

Name of Nominee: _____

Title and Credentials: _____

Years in Gift Planning: _____

Name of Employer: _____

Business Address: _____

Business Phone: _____

E-Mail: _____

Which best describes the Nominee?

- | | |
|---|---|
| <input type="checkbox"/> Fundraiser employed at a nonprofit | <input type="checkbox"/> Fundraising Consultant |
| <input type="checkbox"/> Attorney in private practice | <input type="checkbox"/> Financial, Investment, or Wealth Advisor |
| <input type="checkbox"/> Accounting or Tax Advisor | <input type="checkbox"/> Other |

Please provide as much of the following information regarding the Nominee as you can (use extra pages if needed).

Prior Relevant Employment

Non-Profit Board Experience

Describe any particular expertise and/or diversity the Nominee would contribute to the NCPGC board.

Why are you nominating this individual to serve on the NCPGC board?