

# Care2Share Affinity Program Enrollment/Un-Enrollment Form

FOR DEPOSIT OPS USE ONLY

Code # \_\_\_\_\_

Thank You For Choosing Investors Bank!

**Please complete the information below and present this form in person to a Customer Service Representative at any Investors Bank branch.**

## THE FOLLOWING ARE THE DOCUMENTS YOU WILL NEED TO PRESENT WHEN ENROLLING IN THIS PROGRAM

1. This enrollment form, completed in its entirety
2. Your Organization's W-9 form (this will be scanned and returned to you)
3. A government-issued document verifying your organization's status as a 501(c)(3) (this will be scanned and returned to you)

**TO BE COMPLETED BY THE NON-PROFIT ORGANIZATION (PLEASE PRINT)**  Wish to Enroll  Wish to Un-enroll  
(only complete shaded areas)

Meadowlands Museum

Name of Non-Profit

Operating Account Number

Address

City, State, Zip

Email (for matters related to Care2Share program)

Phone (for matters related to Care2Share program)

Organization SSN/TIN

Current Number of Members/Supporters

## MEMBER/SUPPORTER COMMUNICATIONS

Please list the communication vehicles that you utilize to communicate with your membership base and/or supporters. (Examples include newsletters, annual meetings or events, websites, on-premise displays, email and/or written correspondence, etc.) Where appropriate, please indicate the frequency or time of year the communication takes place.

Communication

Frequency/Time of Year

Communication

Frequency/Time of Year

Communication

Frequency/Time of Year

(over)