



Consultant Alliance Program Referral Registration Form

Consultant

Consultant Name: _____

Consultant Company Name: _____

Consultant Phone: _____

Consultant Email: _____

Referral Organization Information

Buying Organization: _____

Organization Contact: _____

Organization Phone: _____

Organization Address: _____

City, State, Zip Code: _____

Organization Contact Email: _____

Additional Information

Referral Reward is to be sent to consultant in the form of a check: _____

Referral Reward is to be credited to the Buying Organization as PhilanthrAppeal training: _____

Notes:

Please fax completed form to: 530-743-4169 Attn: Consultant Alliance Program

Consultants are rewarded for recommending PhilanthrAppeal to their nonprofit clients. When an organization that you have recommended becomes a user of PhilanthrAppeal and has paid in full, you will receive 5% of the total sale.

Consultants can choose to credit the 5% reward back to the client in the form of a credit towards additional training.