



Northwest Planned Giving Roundtable

4404 SE King Road, Milwaukie, OR 97222

NWPGRT Mentoring Program APPLICATION

NAME: _____ MEMBER OF NWPGRT? _____
ORGANIZATION: _____
ADDRESS: _____
E-MAIL _____
PHONE: (W) _____ (H) _____ (FAX) _____

WHAT ARE YOUR EXPECTATIONS OF THE MENTORING PROGRAM?

GIVE A BRIEF DESCRIPTION OF YOUR PLANNED GIVING DEVELOPMENT EXPERIENCE.

HOW LONG HAVE YOU WORKED IN THE PLANNED GIVING / DEVELOPMENT FIELD?

HOW LONG HAVE YOU BEEN IN YOUR CURRENT POSITION?

PLEASE RANK THE FOLLOWING TOPICS IN ORDER OF MOST IMPORTANCE TO YOU:

- _Planned Giving Overview, Philanthropy and Ethics
- _Donor Relations
- _Understanding and Designing Charitable Gifts
- _Planned Giving Program Management
- _Financial and Estate Planning
- _Career Planning
- _Starting a Planned Giving Program
- _Developing a Planned Giving Committee
- _Launching an Endowment Campaign
- _Volunteer Management
- _OTHER _____

By submitting this application, I agree to meet with NWPGRT Mentor for approximately 2 hours per month for six months. At the end of the mentorship I will complete an evaluation of the program.

Signature _____ Date _____

Thank you for your interest in the NWPGRT Mentoring Program. Please mail, email or fax this form to:

Steve Brier
Willamette University
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Salem, OR 97301
Bus: (503) 370-6022
Bus Fax: (503) 370-6153
E-mail: sbrier@willamette.edu