



2017-2018 ANNUAL FEE PAYMENT FORM

Program Name: _____ Account #: _____

Program Manager Name: _____

All fiscally sponsored programs under United Charitable are **required** to pay the annual fee which includes the program's insurance enrollment and coverage, use of our crowdfunding, event registration and donation platform, access to secure online account management tools and third party resources, operational support and more!

The **2017-2018 annual fee** is \$500 (or \$522.19 if paid via credit card) and due **May 15, 2017**.

To ensure that your program remains open and active, please choose one of the following options:

Pay annual fee by check in the amount of \$500 (check attached)*

Pay annual fee by credit card in the amount of \$522.19 ([please use this link to provide payment](#))*

Deduct annual fee from program's available balance**

Please close my program***

**Reimbursement available for fee payment once your program account balance can support it. Please send in your completed [Disbursement Request Form](#) for reimbursement.*

*** Funds must be available in program account for fee deduction. If the current balance only supports a partial payment of the Annual Fee, please give us a call to discuss how to pay the remaining amount due.*

****If there is an available balance in the account, please submit a completed [Charitable Gift Recommendation Form](#) indicating the charity to receive the available balance.*

If payment is received by May 15, 2017, the insurance coverage for your program will be in effect from 05/31/2017 - 05/31/2018.

If you would like to request a certificate of insurance for your program under this coverage, please email info@unitedcharitable.org after the enrollment date (05/31/17) with your program name and account number.

I understand that if my program's account balance does not support the annual fee and United Charitable does not receive this completed and signed form by **May 15, 2017**, my program will be closed and unable to operate.

Program Manager Signature: _____ Date: _____