



PO Box 835
Firestone, CO 80520
Phone: 866-290-9694
www.mysocialvite.com

New Account Form: Fundraising Organization

Please fax this form along with a copy of your license to Fax:

Organization Name _____

Type of organization: Professional Student Medical School Religious
Other _____

Number of members: _____ Year of formation: _____

Contact Person: _____ Position: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Website: www. _____ Email: _____

Phone: (____) _____ Fax: (____) _____

President: _____ Phone: (____) _____

Secretary: _____ Phone: (____) _____

Treasurer: _____ Phone: (____) _____

Tax ID #: _____ Do you have 501(c)3 tax exempt status? yes no

If no, are you affiliated with a group that has 501(c)3 tax exempt status? yes no

If yes, name of the group: _____

Tax ID#: _____ Business Phone: (____) _____

Socialvite disperses quarterly donations via electronic direct-deposits only.

Bank Name: _____ Phone: (____) _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

For accounting purposes only: Application accepted Application declined Reason: _____
Contact info correct [] Bank info verified [] Quarterly report sent to: _____