

Text Giving Enrollment Form

Organization Information

Upload this form to our File
Depot at the link below.
Once upload is complete,
please email
customerservice@suran.com
to notify us that the form has
been uploaded.

https://www.suran.com/file-depot/

DBA or Brand Name:	What type of legal form is the org?
Legal Company Name:	Privately Held Company
	Publicly Traded Company
Phone:	Nonprofit Organization
	Government
Address:	
	What type of number do you require?
City:	a toll-free number (eg.800, 877, 844, etc) at \$5/month
State/Province:	a local number at \$15/month
Zip Code:	Tax Number/ID/EIN:
Country:	Email:
Privacy Policy	
When registering for a text giving number you must provide a link to your organization's privacy policy. This policy can be generic and does not need to reference the CDM+ Text Giving service directly. For more information click here.	Website:
Link to your privacy policy:	
By signing this form I certify that I am an authorized repr named organization. I agree to any disclosed fees for CDI the terms and conditions published on help.suran.com.	
Authorized Signature:	
Print Name:	
Date:	*Poquiros a \$75 cotup foo
	ARAGILINAS A N. A CATUA TOA