



Text Giving Enrollment Form

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/>

Organization Information

DBA or Brand Name:

Legal Company Name:

Phone:

Address:

City:

State/Province:

Zip Code:

Country:

What type of legal form is the org?

Privately Held Company

Publicly Traded Company

Nonprofit Organization

Government

What type of number do you require?

a toll-free number (eg.800, 877, 844, etc) at \$5/month

a local number at \$15/month*

Tax Number/ID/EIN:

Email:

Website:

By signing this form I certify that I am an authorized representative of the above named organization. I agree to any disclosed fees for CDM+ Text Giving according to the terms and conditions published on help.suran.com.

Authorized Signature:

Print Name:

Date:

*Requires a \$75 setup fee.