



First Foundation for Childhood Literacy Community Action Team
Information Sheet

PLEASE PRINT VERY CLEARLY OR TYPE

Database Maintenance Contact

Brochure Information

CAT
Member: _____

Address: _____

City,
Zip: _____
Phone: _____
Fax: _____
E-Mail
Address: _____

Please Note: If more than one CAT member would like access to the database, please provide their information on the back of this information sheet.

Side Panel and Return Address Info
Organization
Name: _____

Address: _____

City,
Zip: _____
Phone: _____
Web
Address: _____

Logos: Please attach JPEG

Billing Information

Shipping Information

Organization Name (must be 501©3 to be invoiced **otherwise** you will receive a monthly account statement): _____

Address: _____

City,
Zip: _____
Phone: _____
E-Mail
Address: _____

501©3 Status: Please provide a copy of your 501©3 letter. If Ferst is Fiscal Agent, please fill in the information above for who will receive monthly account information.

Organization
Name: _____

ATTN: _____
Street
Address: _____

City,
Zip: _____

P.O. Box cannot be used for a shipping address. Registration forms will be sent to this address. All other non UPS items can be sent to P.O. Boxes

Please use the back of this form to list ALL the zip codes in the area you serve and each city & county in which that zip code occurs.