





Verify your information


We're required to collect and verify certain information about our customers. Protecting your information is our priority. Learn more about our [Terms of Service](#) and [Privacy Policy](#)


Account Details

Entity Type


 Sole proprietor


 Business


Nonprofit


 Government

Your nonprofit has an EIN.

Please specify the legal structure of your nonprofit

Nonprofit Corporation

Unincorporated Association

Industry Category

Select industry category

Nonprofit Details

This should be the information you use to conduct business

Name Of Your Nonprofit

EIN

Nonprofit Website

OR My nonprofit does not have a website

Nonprofit Description

Nonprofit Address

City

State

State

Zip Code

Phone Number

Controller Details

Please provide your personal information. We will verify that you are a controller of the nonprofit.

First Name

Middle Name (Optional)

Last Name

Job Title

Address

City

State

State

Zip Code

Phone Number

Date Of Birth (Age 18+)

Month Day Year

Social Security Number

X X X - X X -

We will attempt to verify your identity using the last four digits of your SSN only

Beneficial Owner(s)

Do you own 25% or more of the nonprofit?

Yes No

Add the personal information of anyone who owns 25% or more of your nonprofit (max of 4 beneficial owners):

Add

No one owns 25% or more of the nonprofit.

Skip this section

By clicking "Submit," you hereby certify, to the best of your knowledge, that the information provided above is complete and correct.

Cancel

Submit