

WPGC Mentor Program - Participant Questionnaire

I would like to be a: ____ Mentor ____ Mentee

Name:

Title:

Organization

Address:

Phone:

Email:

Years in Planned Giving:

Years as WPGC member:

Length of time at current position:

Describe your organization:

Describe your current planned giving program:

What are your expectations of the mentoring program?:

Please return your completed form to Mentor Program Coordinator:

Alexandra Comstock

alexandrac@millionairclub.org

206-957-3843