



Solano Community Foundation

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NONPROFIT PARTNERSHIP PROGRAM

NONPROFIT
PARTNERSHIP
PROGRAM



SOLANO COMMUNITY FOUNDATION
1261 TRAVIS BLVD., SUITE 320
FAIRFIELD, CA 94533
707.399.3846 | 707.399.3849 FAX
WWW.SOLANOCF.ORG



Nonprofit Partnership Program

Solano Community Foundation's concern is for the well-being of the people of Solano County. The **Nonprofit Partnership Program** is designed to:

- Strengthen, develop and serve the nonprofit organizations in the county to help them help their clients,
- Act as convener of forums to gather and disperse input from the diverse voices within our community, and
- Improve capacity-building and enhance visibility for the full range of nonprofit organizations providing services to their communities.

The Program promotes partnership among community leaders and decision makers, donors, the business sector, and our local nonprofits.

SCF will orchestrate fundraising efforts resulting in grants awarded to the community-based organizations serving local populations with greatest need.



Become a member

Membership is open to all qualified nonprofit organizations, educational institutions, faith-based organizations, and neighborhood associations.

We also offer membership to businesses and corporations, government entities, and individual leaders as community partners and advisors.

As a member, you:

- Belong to a network of peers dedicated to building and sustaining the effectiveness of the local nonprofit community,
- Demonstrate a commitment to the Partnership Program's capacity-building and visibility efforts,
- Participate in program activities offered at no or low cost throughout the year,
- Receive networking opportunities, access to a philanthropy library and database, and
- Receive access to a full schedule of year-round educational seminars and workshops.

Membership is \$25 *per calendar year*.

Membership Form

To become a member of this growing partnership, please complete the form below, detach and mail it to:

*Solano Community Foundation
Nonprofit Partnership Program
1261 Travis Blvd., Suite 320
Fairfield, CA 94533*

Name: _____

Organization: _____

Address: _____

Website: _____

Phone: _____

E-Mail: _____

My contribution of \$25 is payable by:

Enclosed check (payable to Solano Community Foundation)

Credit Card (Visa, MasterCard) (circle one)
Account # _____

Name on Card: _____

Exp. Date: _____

For more information, please visit our website at www.solanocf.org or call 707.399.3846.

