

MEMBERSHIP FORM



I wish to make my non-refundable membership contribution to Impact 100.

Members can join at any time. Those joining between the January member kick-off and September Awards Celebration may participate in all Impact 100 events, but will have voting rights for the following year.

FOR CURRENT MEMBERS: IF YOUR INFORMATION HAS NOT CHANGED THIS YEAR, PLEASE PRINT YOUR NAME AND WRITE "SAME" ON THE MAILING LINE. OTHERWISE, MAKE CHANGE(S) AS NEEDED.

Name: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax Number: _____

Optional Info: Employer: _____ Occupation: _____

Date of Birth: ____/____/____ How did you hear about Impact 100? _____

If a member referred you, please include her name _____

(Membership information is used solely for purposes of Impact 100. If you do not wish to have your name included in the member roster distributed only to Impact 100 members, please send email to info@impact100.org)

PAYMENT OPTIONS:

Enclosed is my check payable to 'Impact 100' for \$_____ (\$1,000 for Members or \$1,100 for **110% Members**)

(I understand that 100% of my \$1000 membership will be used exclusively to fund the grants awarded by Impact 100)

Please charge my **credit card** (Visa/MasterCard only)

\$1,100 for **110% Members** (processing fee is waived for our **110% Members**) **OR**

\$1,025 for Membership & processing fee (The processing fee of \$25 covers the additional bank processing costs to Impact 100. The full amount is tax deductible)

CC # _____ Expiration date _____ Print name as it appears on card _____

I am paying for my membership with stock. Visit www.impact100.org to download a stock form.

I am part of a group membership with _____, _____, _____
(Enclosed is my check, or credit card, for \$500, or \$250. Groups must be 2 to 4 members, totaling \$1000)

I am making _____ installment payments of \$_____ each beginning on ____/____/____.
(Full payment must be received by **December 31** to receive voting privileges for the upcoming year)

My company, _____, makes matching gifts. I will follow up with the paperwork.
(Matching gifts are designated to cover administrative costs. Please notify us of your matching gift at info@impact100.org)

I wish to be designated a Friend of Impact 100 with my contribution of \$_____
(I understand this gift does not provide me with voting rights and these funds will be designated to cover administrative costs and, only at the discretion of the Board of Directors, will this money be included in a grant)

I wish to make a special gift in honor/memory of _____ in the amount of \$_____
(I understand all special gifts will first be designated to cover administrative costs and, only at the discretion of the Board of Directors, will this money be included in a grant)

Signed: _____

Date: _____

Impact 100 is a 501(c) 3 under Federal law and all contributions are tax deductible. Updated 7 14 10.

Return this form to Impact 100, PMB 314, 2692 Madison Road NI, Cincinnati, OH 45208-1320. www.Impact100.org