

2009 Membership Form

Name: _____

E-Mail Address: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Fax: _____ Mobile: _____

Contribution Levels:

- Membership** (includes voting rights / all women age 18 and older are eligible)
2009 membership contributions are due by no later than **March 1, 2009**.
- Friend:** I wish to be designated as a "Friend of IMPACT 100 Pensacola Bay Area, Inc." with my contribution of \$_____. I understand that this gift does not provide me with voting rights and these funds will be designated to cover administrative costs. Only at the discretion of the Board of Directors will this money be included in a grant.
- Memorium/Honorarium:** I wish to make a special gift in honor/memory of _____ in the amount of \$_____. I understand that all gifts less than \$1,000 will be designated to cover administrative costs. If a gift is made at the membership level of \$1,000, the Board of Directors may, at the request of the donor, approve the \$1,000 be included in IMPACT's grant allocation with the understanding that **voting rights will not be given to the donor.**

Payment Options:

- Enclosed is my check for \$1,000 for membership. (\$1,000 minimum)
- I want to make a gift of stock. Please contact me to discuss further.*
- I want to pay by credit card (authorization completed below).*
- My Company makes matching gifts. I understand that I can make a \$500 donation and have my contribution matched by my company as long as the matching gift is received by March 1, 2009. If I elect to make a \$1,000 contribution, any matching funds received will be designated for administrative costs and only at the discretion of the Board of Directors will this money be applied to grants.

IMPACT 100 Pensacola Bay Area, Inc. accepts both Visa and Mastercard. An additional contribution of \$40 will be added when a credit card is used for a \$1,000 membership donation. This addition is necessary due to actual costs incurred and to ensure the full \$1,000 membership contribution is applied to grants. Your signature indicates that you have read and agree to this arrangement and authorize IMPACT 100 Pensacola Bay Area, Inc. to charge your credit card for \$1,040.00 for membership or for the following amount - \$_____.

Credit Card Authorization:

Card Type (check one): Visa Mastercard

Card # : _____ Expiration Date: _____

Name as it appears on card (print): _____

Signature: _____ Date: _____