**2018-2019 –Year 4: Membership Form**

## Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Member

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: State: \_\_ \_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBERSHIP CONTRIBUTION –** *all membership contributions are due by May 31, 2019.*

* I wish to become an **Individual Member** for $1,100 and have a vote.
* I wish to become a **Circle Member** and will join other members for a total of $1,100 and have one vote.
  + Circle Leader: Other Circle Members:
  + Please help me with a Circle and notify me of my Circle Leader.

**PAYMENT OPTIONS –** *All contributions will be managed by our partner, the Peninsula Community Foundation.*

Enclosed is my check for $ made payable to Peninsula Community Foundation, Memo: “Impact 100 Greater Peninsula”.

* I wish to pay with credit card. I understand that credit card payments will include an additional 2% to cover the credit card processing fee.

Charge my: \_\_\_\_\_\_Visa \_\_MasterCard \_\_\_\_\_\_AMEX \_\_\_\_\_\_Discover

Card No: Exp. Date: Name on Card: Verification code: Signature:

* + I wish to make a Special gift in honor/memory of for $ .
  + I wish to make an additional donation to help with expenses for $ .
  + I wish to be a Friend of Impact 100 Greater Peninsula and make a donation for $ .

# PARTICIPATION

*As a voting member, I am interested in actively participating as a volunteer on one or more of the below committees.*

* + - Grants ☐Membership ☐Newsletter ☐Social Media ☐Events

# RECOGNITION

* I grant permission to Impact 100 Greater Peninsula and the Peninsula Community Foundation to use my name and photo on electronic and printed donor lists, website and other promotional materials.
* I would like my name to appear as:
* I wish to remain anonymous for purposes of public recognition.
* I agree that my email will be used as the primary means of communication only for Impact 100 volunteers and Peninsula Community Foundation staff.

Signature: Date:

***Please return form by March 31st. Payment is due by May 31st.***

The Peninsula Community Foundation **ATTENTION: IMPACT 100 Greater Peninsula** 48 Queens Way, Hampton, Virginia 23669

*For additional information contact Peninsula Community Foundation at 757-327-0862 or email* [*jbrambley@pcfvirginia.org*](mailto:jbrambley@pcfvirginia.org)

*Impact 100 Greater Peninsula is a component fund of the Peninsula Community Foundation; a non-profit organization exempt from federal taxes under IRS Code 501(c)(3). Contributions are tax deductible.*