

2021 Membership and Donation Form

PERSONAL INFORMATION

First Name	Last Name	
Street Address		
City, State, Zip	County	
Preferred Phone	Email	
Email is our main form of commu If you do not use email, please che If you wish to be recognized as an		
MEMBERSHIP OPTIONS		
Hazel Member - One Vote	\$ 1,10	00
\$1,000 for a Full Membershi	p and \$100 to offset operating expenses	
Full Member - One Vote	\$ 1,00	00
I am sharing a membership	te with another shared member \$50 with:	00
	shared membership responsible for voting	
<u>=</u>	a female family member or friend – One Vote \$ 1,00 abership form with the gift recipient's personal information	υo
DONATION or MATCHING GIFT		
Friend of Impact 100 Donation	on \$	
M Matching Donation - Please a	ttach contact information for the matching organization	
PAYMENT		
Check enclosed - make check p	payable to Community Foundation of Southern Indiana	
Bill me at the above address		
I want to make installment pay	ments – please contact me to arrange payments	
If emailing this form, for secu	ver (There is a 2% processing fee for payment by credit card) arity reasons, please do not include your credit card number. You to the Community Foundation office by calling 812-948-4678.	u
Card #:	Exp. Date: CVV Code:	
Payment in full must be received a vote at the annual award celebr	by July 1, 2021 to be recognized as a member and to receive ation. Funds are non-returnable.	
•	t 100 Southern Indiana, which supports nonprofits in Clark, Floyd Impact 100 Southern Indiana operates as a fund of the ern Indiana.	d
Sign:	Date:	
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