2012 MEMBERSHIP FORM

Membership *in Impact100 Philadelphia is conditioned upon receipt of a $1,000 non-refundable donation, and this signed form. Contributions for the 2013 grants are due by* **December 1, 2012**. *All donations are tax deductible.*

Name (*as you prefer to be listed*): _____

☐ *I'm renewing my membership. My contact information is the same as last year unless otherwise noted.*

Email: _____

Preferred Phone: _____   Other Phone: _____

Street Address: _____

City: _____   State: _____   Zip: _____

How I learned about Impact100: _____

I want to be a **MEMBER** of Impact100 by contributing **$1,000 in dues**, all of which goes toward the grants. I am enclosing a tax-deductible **ADDITIONAL DONATION** to support Impact100 operating expenses:

☐ $50   ☐ $75   ☐ $100   ☐ $150   ☐ $200   ☐ $500   ☐ Other

My total contribution is: **$1,000 (membership) + $_____ (operating expenses) = $ _____ (total)**

My **payment** is being made by:
- ☐ **Check**, enclosed and payable to *Impact100 Philadelphia*.
- ☐ **Credit Card** or PayPal at *www.impact100philly.org.*   (I understand there will be a $30 processing fee.)
- ☐ **Stock transfer**, using the forms at *www.impact100philly.org*.

☐   My/my spouse's company makes **matching gifts** (to be applied toward Impact100 operating expenses)

Confidentiality: *I will not disclose confidential information acquired in connection with the work I do on behalf of Impact100. I agree not to share members' names outside the membership and understand that the membership list is printed each year in the Annual Meeting program.*

Conflicts of Interest: *To insure a fully transparent grant selection process, I will disclose to the Impact100 Philadelphia board of directors any potential conflict of interest that I may have with Impact100 applicants. I understand that I may be asked to refrain from discussion on any topic where a potential conflict of interest arises. In addition, I will not attempt to gain an advantage for or to persuade other members to vote for any particular grant applicant.*

Signed: _____   **Date: _____**

PLEASE RETURN CHECK AND FORM TO: Impact100 Philadelphia, P.O. Box 275, Wynnewood, PA 19096