



2010 DONATION FORM

Membership in Impact100 Philadelphia is conditioned upon receipt of a \$1,000 non-refundable, tax-deductible donation, and a signed Membership Form and Conflict of Interest Statement. Contributions for the 2011 grant are due by **December 1, 2010**.

Friend donations are tax-deductible and offset the operating costs of our all-volunteer organization.

Contact Information:

Name (as you prefer to be listed): _____

Email: _____ Preferred Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Referred By: _____

I want to be a **MEMBER** of Impact100 Philadelphia by contributing **\$1,000 in dues**.

1. I understand that Impact100 is an all-volunteer organization and relies upon **ADDITIONAL DONATIONS** to support its modest operating expenses. Enclosed is an additional **tax-deductible donation**.

\$25 \$50 \$100 \$200 \$500 Other _____ Not able to contribute

2. My membership and additional operating expense donation are being made by:

- Check, enclosed and payable to *Impact100 Philadelphia*.
- Credit Card or PayPal at *www.impact100philly.org*. (I understand PayPal charges a \$30 fee.)
- Stock or wire transfer, using the forms at *www.impact100philly.org*.

3. I have read, signed and enclosed my Conflict of Interest Statement along with this Donation Form.

Optional:

My company makes matching gifts. (Matching gifts are applied toward administrative expenses.)

I would like to volunteer for: Educational Programs Recruiting One-Time Events
(Separate sign-ups will take place to participate in **grant proposal review**.)

Please let us know of other interests or skills you have:

I want to be a **FRIEND** of Impact100 Philadelphia with a tax-deductible contribution of:

\$25 \$50 \$100 \$200 \$500 \$1,000 Other _____

(I understand these funds will be allocated for operating expenses, and do not provide me with voting rights.)

Authorization: My name may be published within the membership and at the Annual Meeting. Yes No

Signed: _____ **Date:** _____

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

The official registration and financial information of Impact100 Philadelphia may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.

IMPACT100 PHILADELPHIA
Conflict of Interest and Confidentiality Policy

Members of Impact100 Philadelphia (“Impact100”) must insure that no personal or professional self-interest interferes with their work on behalf of Impact100. In other words, all members must be sure that they do not have a **conflict of interest** when they are participating in Impact100 business. A conflict of interest can arise when a member, or someone in a member’s family, could personally gain, either financially or professionally, from an action taken by Impact100. For example, if an Impact100 member or family member could receive a job, a business contract, or other personal benefits as a result of the Impact100 grant being awarded to a certain nonprofit organization, then that member has a conflict of interest.

It is important to realize that simply serving on the board of a nonprofit that has applied for a grant from Impact100 does not create a conflict of interest. However, disclosure of board positions and advisory positions is necessary to evaluate whether a conflict of interest exists. It is only in the situation in which a member, or her relative, would personally gain from the grant being given to the nonprofit organization that a conflict arises.

In the event a member has a conflict of interest or perceived conflict of interest, she will advise the Secretary of the Board of Directors in writing and recuse herself from discussion or voting on any topic where a conflict arises.

Each Impact100 member will exercise care not to disclose **confidential information** acquired in connection with the work she does on behalf of Impact100. In addition, each member will not attempt to gain an advantage for any particular grant applicant by disclosing confidential information and/or attempting to persuade other members to vote for such grant applicant.

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I have read and understand the **Impact100 Philadelphia Conflict of Interest and Confidentiality Policy**. Listed below are all non-profit organizations located in the greater Philadelphia area (Philadelphia, Montgomery, Bucks, Chester, Delaware and Camden counties) in which **I or a family member** has a personal or professional role that may constitute a **conflict of interest**:

<u>Name & Address of Organization</u>	<u>Nature of Involvement in the Organization</u> (e.g. major donor, board member, employee)
_____	_____
_____	_____
_____	_____

I will immediately advise the Secretary of the Board of Directors of Impact100 Philadelphia in writing of any change regarding a potential conflict of interest.

Signature of Member: _____ Date: _____

Printed Name of Member: _____