



2009 Membership Form

Impact 100 - Owensboro

"Ordinary women . . . Extraordinary Impact"

Member Information

Name			
Address			
City, State, Zip			
Home Phone		Work Phone	
Cell Phone		E-Mail	

Membership Information

I wish to make my non-refundable annual contribution to Impact Owensboro. All membership forms for the 2009 grant year must be received by March 31, 2009. All payment must be received by September 30, 2009.

_____ I wish to become a member. Attached is my check for \$1,000.

_____ I wish to become a member and make installment payments. Attached is my check for \$_____. The remainder will be paid in _____ installments.

_____ I wish to become a 110% member. Attached is my check for \$1,100; membership for \$1,000 and an administrative donation of \$100.

_____ I wish to have a shared membership with one other person whose name is _____. Attached my check for \$_____.

_____ Please charge my credit card \$1,025. (\$1,000 Membership Dues, \$25 processing fee) MasterCard/Visa

Credit card name _____

Credit Card Number _____

Name on credit card _____

Expiration date _____

Signature _____

Security Code _____

_____ Contact me regarding a gift of stock.

_____ My Company makes matching gifts. (I understand all matching gifts are over and above my required \$1,000 individual gift and will first be designated to cover administrative costs and, only at the discretion of the Board of Directors, will this money be included in a grant.)

_____ I wish to be designated a Friend of Impact 100 Owensboro with my contribution of \$_____. (Gifts less than \$1,000). (I understand this gift does not provide me with voting rights and these funds will first be designated to cover administrative costs and, only at the discretion of the Board of Directors, will this money be included in a grant.)

_____ I wish to make a special gift in honor/memory of _____ in the amount of \$_____. (I understand all special gifts will first be designated to cover administrative costs and, only at the discretion of the Board of Directors, will this money be included in a grant.)

_____ I wish to make a donation to administrative funds in the amount of \$_____.

Note: Impact 100 Owensboro is a non-profit organization exempt from federal taxes under IRS Code 501(c)(3). Contributions are tax-deductible.

Member Involvement

_____ I grant Impact 100 Owensboro permission to publish my name in the listing of members contained in the program for the Annual Dinner.

_____ I am interested in participating on a Focus Area Committee that meets May through August to review grant applications.

Signature	Date
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Please make checks, corporate matches, or other gifts payable to: Impact 100 Owensboro
1826 Lexington Avenue
Owensboro, KY 42301