

Personal Information (Please print clearly.)

Name (as you prefer to be listed) _____

E-Mail Address _____

Mailing Address _____

City, State, Zip _____

Birth Year: _____ (Members must be 21 or older) Preferred Phone: (_____) _____

Cell Phone Number (_____) _____ May We Text You? (Y/N) _____

Organization/Company _____ Occupation _____

Membership Options (Check all that apply.)

- Become an Impact100 South Jersey voting member by donating \$1,150**
100% of your membership contribution is tax deductible. \$1,000 will be used to fund Impact100 South Jersey grants — the additional \$150 is for Impact100 South Jersey administrative costs. Membership contributions are nonrefundable.
- Give the gift of a voting membership to another family member, employee or friend.**
Recipient's full name and email address: _____
- Contact me to discuss how I or my company can become a sponsor.**
- I would like to host an Impact100 South Jersey New Member Info Session.**

I'm interested in joining a committee: (Please check any that apply.)

- Grant Review (We will train you.) Grant Finance (We will train you.) Nonprofit Outreach
- PR/Communications Membership Resource Development Events Finance/Admin

3 Ways to Submit Membership Form and Make Your Contribution (Please choose one.)

- Mail** membership form and check payable to *Impact100 South Jersey, C/O CFSJ, PO Box 446, Haddonfield, NJ 08033*
- Online** at Impact100SJ.org/membership (*Paying the additional credit card processing fee is appreciated but optional.*)
- Donor Advised Fund** Designate your 2024 contribution to Impact100 South Jersey at Community Foundation of South Jersey. Mail this completed form to Impact100 SJ, C/O CFSJ, PO Box 446, Haddonfield, NJ 08033.

Confidentiality, Conflicts of Interest & Photo Release: I understand that confidential information may be acquired as a result of my association with Impact100 South Jersey and that this information should not be disclosed. To insure a full transparent grant selection process, I will disclose to the Leadership Council any potential conflicts of interest I may have with grant applications or other Impact100 South Jersey business. Membership implies permission for Impact100 South Jersey to use photographic, audiovisual and written works containing my image and name.

I agree with these terms. Signature _____ Date ____/____/____

How or from who did you learn about Impact100 South Jersey? _____