

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 would like to join a committee: (Please check any that apply.)

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

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

- Mail** membership form with check payable to "Community Foundation of New Jersey" to Impact100 South Jersey, PO Box 446, Haddonfield, NJ 08033. **Please include "For Impact100 South Jersey" on your check.**
- Online** at Impact100SJ.org/membership (Paying the additional credit card processing fee is appreciated but optional.)
- Donor Advised Fund** mail completed form to Impact100 South Jersey, PO Box 446, Haddonfield, NJ 08033 and designate your 2024 contribution to the "Impact100 South Jersey Fund at Community Foundation of South Jersey."

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? _____