



2024 MEMBERSHIP FORM

Membership in Impact100 Sonoma is conditioned upon receipt of a \$1,200 non-refundable, tax-deductible donation, and a signed Membership Form – either electronic or hard copy. Your donation includes \$1,000 to fund grants to nonprofits serving Sonoma Valley and gives you the ability to help choose the grant recipients. It also includes a \$200 operations fee. Members joining by December 31, 2023, will be able to vote in the 2024 grants cycle.

DONATION INFORMATION

I understand that \$1,000 of an **ANNUAL MEMBERSHIP DONATION** will go toward grants and \$200 will go toward operations (\$1,200 full/\$600 shared): \$ _____

To further support Impact100 Sonoma, I am making an **ADDITIONAL DONATION** of (e.g., \$100, \$200, \$500, or other amount): \$ _____

I would like to direct my **ADDITIONAL DONATION** as follows:
 \$ _____ To support the member sponsorship fund.
 I understand that any money donated to this fund that goes unused during the current calendar year will be transferred to the annual grants fund.
 \$ _____ To recommend someone for sponsored membership (at \$1,200 full or \$600 partial). Please contact me.
 \$ _____ To support NextGen memberships and programming
 \$ _____ To further fund grants
 \$ _____ To support the general operating fund

MY TOTAL TAX-DEDUCTIBLE DONATION: \$ _____

METHOD OF PAYMENT

I will make my **MEMBERSHIP/ADDITIONAL DONATION:**

By Credit Card: Go to <https://www.impact100sonoma.org/Join-or-Renew> or complete form on reverse side.

By Check: Enclosed and payable to Impact100 Sonoma

By Check issued through a Donor Advised Fund

By Stock Transfer: Contact treasurer@impact100sonoma.org.

(My)/(My spouse's) employer makes matching gifts (indicate name of employer): _____

I wish to split my payment between multiple methods (indicate type and amount for each): _____

I will pay in installments based on the following schedule (indicate months and amounts of payments): _____

NOTE: Please allow enough lead time for your funds to be received by the December 31 renewal deadline.

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____ How I learned about Impact100 Sonoma: _____ I would like to participate on the committee(s) I have checked:

Grants Finance Technology Communications Events Membership Engagement and Education

PARTICIPANT OPTIONS

Yes No My name, phone number, and email address may be published confidentially in the membership directory.
 Yes No I grant permission for photographs taken of me at Impact100 Sonoma events to be published.

Signed _____ Dated: _____

Please return check and membership form to Impact100Sonoma, P. O. Box 1958, Sonoma, CA 95476
 For more information regarding membership, call (707) 939-5007 or email us at info@impact100sonoma.org
 Impact100 Sonoma is a 501(c)(3) organization. Tax ID # 27-0845497.



CREDIT CARD AUTHORIZATION FORM

First Name: _____ Last Name: _____

Billing Street: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

New Member Renewing Member Donation

If this is payment for another member, what is that member's full name:

First Name: _____ Last Name: _____

Amount: \$ _____

Card Number: _____ - _____ - _____ - _____

Exp. Date: ____/____/____ Sec. Code: _____

I authorize Impact100 Sonoma to process my card for payment as indicated above.

I understand I will receive a receipt for tax purposes via email.

Print Name: _____ Date: _____

Signature: _____

Impact100Sonoma
P. O. Box 1958, Sonoma, CA 95476
Impact100sonoma.org | (707) 939-5007 | info@impact100sonoma.org

Impact100 Sonoma is a 501(c)(3) organization. Tax ID # 27-0845497.