



MEMBERSHIP FORM

Membership in Impact Fairfield County is conditioned upon receipt of a \$1,000 non-refundable donation and this signed form. Contributions are due by **December 31st**.

Name _____ Email: _____
 Please renew my membership! My contact information remains the same as last year unless otherwise noted.
Address: _____ City: _____
State: _____ Zip: _____ Preferred Phone: _____

I want to make a donation of \$1,000 to become a Member of Impact Fairfield County
 I want to be a 110% Member of Impact Fairfield County by making a donation of \$1,100
(\$100 of your donation will be applied to support Impact operating expenses and enhance grants)
 I want to make an additional donation of \$_____ to support Impact operating expenses and grants
(Regardless of additional donation amounts, each person receives one membership vote)
My total payment of \$_____ is being made by:
 Check enclosed and made payable to *Impact Fairfield County*
 Credit card information provided on reverse
 Credit card at www.impactffc.org

I would like to serve on a grants review committee:
 General Review Committee Financial Review Committee
I would like to share my expertise: Finance IT/Data Mgmt Social Media
 Communications/PR Video/Photography Event Planning Other _____
Confidentiality: *I will not disclose confidential information acquired in connection with the work I do on behalf of Impact FFC. I agree not to share members' names outside the membership and understand that the membership list will be printed and distributed to other Impact FFC members. I agree that my image may be used in photographs to promote Impact FFC via the website or other materials.*
Conflict of Interest: *To insure a fully transparent grant selection process, I will disclose to the Impact FFC board of directors any potential conflict of interest that I may have with Impact FFC applicants. I understand that I may be asked to refrain from discussion on any topic where a potential conflict of interest arises. Also, I will not attempt to gain an advantage for or to persuade members to vote for a particular applicant.*
Signed: _____ **Date:** _____

PLEASE RETURN FORM AND CHECK TO: Impact FFC, P.O. Box 7666, Greenwich, CT 06836
www.impactffc.org info@impactffc.org

Impact Fairfield County is a nonprofit 501(c)(3) public charity and donations are tax deductible to the fullest extent of the law.



CREDIT CARD INFORMATION

Name on Card: _____
Card Number: _____
Amount to be Charged: _____
Type of Card: _____
Card Expiration Date: ____/____ (MM/YY) Card ID (CVV2/CVC) Number: _____
Address: _____
City: _____ State: _____ Zip: _____

OTHER INFORMATION

<input type="checkbox"/> I will donate via a Donor Advised Fund and the check will arrive separately
<input type="checkbox"/> I want to donate stocks or other securities and will contact Impact Fairfield County
<input type="checkbox"/> My employer contributes matching funds that will arrive separately