



2018-19 Donation Form

Name/Organization _____
(As you prefer to be listed)

Address/City/State/Zip _____

Email _____ Phone _____

DONATION (Check all that apply)

_____ I wish to make a **Donation** to help with operating expenses for Impact 100 Martin events and activities. \$ _____

_____ I wish to **Sponsor A Member** at \$1,100. \$ _____
Name of sponsored member _____

Total Donation Amount \$ _____

PAYMENT OPTIONS

_____ **Check** for the total donation amount above made payable to Martin County Community Foundation, with notation of Impact 100 Martin in the memo field of the check.

_____ **Credit Card** payment for the total donation amount above, plus 3% transaction processing fee.

Name on card _____ Signature _____

Card # _____ Expiration _____ CVV (security code) _____

_____ My company processes **Matching or Corporate Gifts**. Please send me information.

Please return to Impact 100 Martin, 851 SE Monterey Commons Blvd., Stuart, FL 34996