



Membership Information and Application Form

Mission: Women creating positive, lasting change in our community through collective giving.

Impact 100 Martin welcomes women to join or renew their membership on an annual basis. Membership contributions received by December 31st will be awarded at the Grant Awards Celebration the following April.

The concept behind Impact 100 Martin is simple:

- A minimum of 100 women each contribute \$1,100 (\$1,000 grant/ \$100 administration).
- Contributions are pooled together to fund a game-changing \$100,000 grant to a non-profit organization serving Martin County.
- Grants Committee members will review all applications and select the finalists with projects/programs that will have the most impact.
- Non-profit finalists will present their proposals at the April Grant Awards event.
- All Impact 100 Martin members will vote and the \$100,000 grant will be awarded to the finalist with the most votes.
- Contributions in multiples of \$100,000 will be awarded as Impact Grants. Remaining grant funds are divided equally among non-winning finalists.
- Impact 100 Martin is a field of interest fund administered by The Community Foundation Martin-St. Lucie.

Membership responsibilities:

- Become a member by making an annual tax deductible contribution of \$1,100 (\$1,000 grant/\$100 administration).
- Attend and vote at the annual Grant Awards event or vote online.
- Introduce potential members to Impact 100 Martin.
- If you have the interest and time, participate on one of four committees: Events, Grants, Marketing/Communications and Membership.

For more information on Impact 100 Martin, please contact:

Robin Cartwright robin@tcfmsl.org or (772) 288-3795



Membership Form

Name _____ New Member
(As you prefer to be listed) Returning Member

Local Address _____ Florida Residency:
City, State, Zip _____ Full-Time
 Part-Time

Community or Subdivision _____

Email _____ Local Phone _____ Cell Phone _____

MEMBERSHIP CONTRIBUTION (Check all that apply)

I wish to be an annual **Voting Member** for \$1,100 \$ _____
(\$1,000 grant/\$100 administration).

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

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

Total Donation Amount \$ _____

PAYMENT OPTIONS to make my non-refundable contribution to Impact 100 Martin:

Check for the total donation amount above made payable to The Community Foundation Martin-
St. Lucie 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.

PARTICIPATION – As a voting member, I would like to volunteer for the following committee(s):

Events Grants Marketing/Communications Membership

RECOGNITION – I grant Impact 100 Martin permission to publish my name and photo in the listing of
members contained in the program for the annual Grant Awards event and other promotional materials.

Signature _____ Date _____

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