



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 Impact100 Martin events and activities. \$ _____

I wish to **Sponsor a Member** at \$1,100 for this one year.
Sponsee Name _____ \$ _____

I wish to **Sponsor a NextGen Program Applicant** at \$1,100 (donation non-refundable/stays in NextGen Account even if applicant does not continue in program for 2nd year). \$ _____

Total Donation Amount \$ _____

PAYMENT OPTIONS

Check enclosed for the total donation amount above made payable to Impact100 Martin, Inc.

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

Card # _____ Expiration _____ Security Code _____

Name on Card _____ Signature _____

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

**Thank you for helping Impact100 Martin to create change in Martin County.
Please return to Impact100 Martin, 11718 SE Federal Hwy., #440, Hobe Sound, FL 33455**