



**Donation Form
Membership Year 2024-2025**

Name/Organization _____

How do you prefer to be listed in print _____

Contact name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

DONATION (Check all that apply)

I wish to make a **Donation** to help with the operating expenses for Impact100 Martin events and activities. \$ _____

I wish to donate and **Sponsor a Member** at \$1,100 for Membership Year 2024-2025
Sponsored Member's Name _____ \$ _____
Phone number _____

I wish to donate and **provide a scholarship for a Scholarship Applicant** at \$1,100 for Membership Year 2024-2025 \$ _____

Total Donation/Sponsorship 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 a 3% processing fee for MasterCard, Visa, or Discover and a 4% fee for Amex.*

Card# _____

Expiration ____/____ Security Code _____

Name on Card _____

Signature _____ Date _____

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

Download and email this completed form to info@impact100martin.org or mail to:
Impact100 Martin, 11718 SE Federal Hwy, #440 Hobe Sound, FL 33455
Questions? Contact info@impact100martin.org

THANK YOU for helping Impact100 Martin create change in Martin County.