



Friend of *Impact Las Vegas* Operating Donation Form

Contact Information:

Name: _____

Name as you would like it to appear on the listing of Friends of *Impact Las Vegas* (i.e., business name or honoree)

Mailing Address: _____

City/State: _____ Zip: _____

Contact Person (if applicable) _____ Contact Phone #: _____

E-Mail: _____

Friends of *Impact Las Vegas* Donation Options

I wish to make a non-refundable contribution to the Friends of *Impact Las Vegas* with my gift of:

\$ _____

I wish to make a gift of \$ _____ in honor/memory of _____

Payment Options:

Enclosed is my **check** for the full amount indicated above (please make the check payable to *Impact Las Vegas*)

I am paying **online by credit card** (go to www.impact-lv.org)

All Friends of *Impact Las Vegas* will be acknowledged in our annual report to members. Some levels of operating donations will also be acknowledged in our member directory, newsletter, and/or our web site.

For more information, please contact *Impact Las Vegas* by e-mail admin@impact-lv.org

**PLEASE RETURN CHECK AND OPERATING DONATION FORM TO: *Impact Las Vegas* P.O. Box 15797
LAS VEGAS, NV 89114**

For more information regarding membership visit our web site at www.impact-lv.org