Impact Las Vegas
Women's Giving Circle
Women Connecting, Giving As One

Impact Las Vegas Membership Commitment Form

Contact Information:

Name: _____

Mailing Address: _____

City/State:_____ Zip: _____Preferred Phone #:_____

E-Mail: _____

Membership Options:

Membership in ***Impact Las Vegas*** is contingent upon receipt of a $1,000 non-refundable, tax-deductible Membership donation and a signed Membership Commitment form. 100% of the $1,000 Membership Donation goes toward the annual Grant. Membership Donations are due by **December 31st each year. Grants are then awarded in June the following year. Fiscal year runs July through June.**

	Annual Member Levels	*Membership Donation*
☐	***Member***	**$1,000** 100% of $1,000 to the Grant Award
☐	***Member Plus***	**$1,100** $1000 to Grant Award, $50 to Members Award, $50 unrestricted for operating
☐	***Supporting Member***	**$1,200** $1000 to Grant Award, $100 to Members Award, $100 unrestricted for operating
☐	***Supporting Gold Member***	**$1,500** $1,000 to Grant Award, $200 to Members Award, $300 unrestricted for operating
☐	***Supporting Premier Member***	**$2,000** $1,000 to Grant Award, $500 to Members Award, $500 unrestricted for operating

Additional Options:

Whenever a Member donates more than the required $1,000 Membership donation per year (i.e., donates $1,100 with $100 going to operating expenses or $1,200 with an additional $100 for the annual Members Award), their spouse, significant other, child, etc. **may** be designated a **Family** ***Partner***.

☐ Name of designated **Family** ***Partner***: _____

☐ My Employer _____makes **matching gifts** and I will submit the necessary forms

Payment Options: (payment due by 12/31)

☐ I will be paying in **full by check**, $1,000 by **12/31** (please make check payable to ***Impact Las Vegas***)

☐ I will be paying by installments of $_____ per (circle one) monthly/quarterly/two payments or _____ resulting in $1,000 total paid by **12/31.**

☐ I will be paying via credit card, $1,000 by **12/31** (please use our website to make this payment: https://www.impact-lv.org/how-to-help/join.html)

Acknowledgements:

Your name will be published within the Membership and at the Annual Meeting. Membership grants permission for photographs taken of you at ***Impact Las Vegas*** events to be published electronically and in print for use by ***Impact Las Vegas***.

Signed: _____ **Date:** _____

PLEASE RETURN FORM & PAYMENT TO: *Impact Las Vegas* PO Box 15797, Las Vegas, NV 89114 or Fax to (702) 869-5493 or Scan and E-mail to info@impact-lv.org

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

Impact Las Vegas Foundation Inc. *is a Nevada nonprofit corporation exempt from federal taxes under U.S. Internal Revenue Code section 501(c)(3). All contributions may be tax deductible pursuant to the provisions of section 170(c) of the Internal Revenue Code of 1986*

EIN: 45-4759782

All contributions are non-refundable.