



Impact Las Vegas Partner Donation Form

Contact Information:

Name: _____

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

Mailing Address: _____

City/State: _____ Zip: _____

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

E-Mail: _____

Impact Las Vegas Partner Donation Options

I wish to make a non-refundable, unrestricted contribution to **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 Impact Las Vegas Partners 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. Additional benefits/acknowledgements are given to **Family Partners**.

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

PLEASE RETURN CHECK AND 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