DYAD Membership Registration Form 2022



Impact 100 Redwood Circle membership is conditioned upon receipt of your donation **AND** this completed membership form.

PERSONAL INFORMATION – Must be completed each year

I am a renewing member.

I am a new member. How did you he	ar about us?	
Print Full Name:	AST	
ome Phone: Mobile Phone:		
Email:		
Address:		
City, State, Zip:		
My Dyad Partner is:	(Registration form	ns should arrive at the same time)
I'm excited to get involved – please contact me		
Please contact me about my/my spouse company's n	natching gifts.	
YES NO My name, phone number and email a	address may be published in	the members-only directory.
I understand that photographs may be taken of me electronically or in printed materials.	e at Impact 100 Redwood Ci	rcle events and may be published
DONATION INFORMATION I understand that my entire \$500 member donation will go to Operation Expenses Fee	o the grants	\$500 <u>\$100</u> \$600
Optional Donation to Impact 100 Redwood Circle Core Values	s Membership Fund	\$
If paying by credit card, add a required \$25 administration fee	е	\$
Total tax-deductible donation		\$
PAYMENT Check Payment: Payable to: Community Foundation Sono	oma County, Attn: Impact	100 Redwood Circle
Donor Advised Fund Transfer to Community Foundation S	onoma County Impact 100 R	edwood Circle
Name of Organization and Fund I will be transferring funds from	om:	
Credit Card Payment: VISA MasterCard		
(please check) I authorize a \$25 required administrate	tion fee for my credit card pa	ayment as indicated above
My credit card number is:	Exp	Security Code
Signed:	Date:	

Mail this form to Community Foundation Sonoma County, 120 Stony Point Road, Suite 220, Santa Rosa, CA 95401 Questions? Email us at impact100membership@gmail.com