Individual Membership Registration Form 2024



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

PERSONAL INFORMATION – Must be completed each year

MEN TRANSFORMING OMA COUNTY through ICTIVE PHILANTHROPY	I am a renewing member	r.	
STEFFILLANTINGFT	I am a new member. Ho	w did you hear about us?	
Print Full Name:			
(as you prefer to be listed)	FIRST	LAST	
Home Phone:		Mobile Phone:	
Email:			
Address:			
City, State, Zip:			
I'm excited to	get involved – please cont	tact me	
Please contac	t me about my/my spouse	e company's matching gifts	
YES NO	My name, phone numbe	r and email address may be published in	the members-only directory
I understand		e taken of me at Impact 100 Redwood Ci	
DONATION INFORM	1ATION		
understand that my	entire \$1,000 member dor	nation will go to the Impact 100 Redwood	
			\$ 1,125
Optional additional do	onation for operations exp	penses	
		e Core Values Membership Fund	
	•	inistration fee	
		nts, contact invest@sonomacf.org**	¥
	_	ndation Sonoma County, For: Impact 1	100 Redwood Circle
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Donor Advised Fund	Transfer to Community	Foundation Sonoma County Impact 100 F	Redwood Circle
Name of organization	and fund I will be transfer	ring funds from:	
Credit Card Paymen	t: VISA Mast	terCard	
(please chec	k) I authorize a \$25 requir	red administration fee for my credit card p	payment as indicated above
My credit card numbe	r is:	Exp	Security Code
Signed:			
oigiieu:		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