



WOMEN TRANSFORMING

SONOMA COUNTY through COLLECTIVE PHILANTHROPY **2025 EMPLOYER-SPONSORED MEMBERSHIP REGISTRATION FORM (page 1 of 2)** Submit both pages of this form at the same time.

Membership is granted upon receipt of the organization's donation for the sponsored member AND the completed membership form. The entire membership donation supports grants for nonprofits serving Sonoma County that the sponsored member helps to select.

DONOR / SPONSOR INFORMATION

Sponsoring Organization Name:			
Contact Name (for directory):			
First	Last		
Home Phone: Mobile	e Phone:		
Email:			
Address:			
City, State, Zip:			
Sponsored Member Name:			
 Check your selections below: I consent for my information to be shared with Impact 100 I prefer to remain anonymous. I am a current member of Impact 100 Redwood Circle. Send renewal information for sponsored member to me. 	0 Redwood (Circle.	
DONATION INFORM			
Sponsored Member Donation for Impact 100 Redwood Circle F Fee for operations expenses SUBTOTAL	und		\$ 1,000 \$ 125 \$ 1,125
Add: \$25 administration fee if paying by credit card			
TOTAL TAX-DEDUCTIBLE DONATION			
PAYMENT INFORMA	TION		
CHECK: Make checks payable to Community Foundation Sonon	na County, F	or: Impact 10	0 Redwood Circle
DONOR ADVISED FUND TRANSFER: To: Community Foundation Sonoma County Impact 100 Red			
From: Name of organization and fund sending transfer			
CREDIT CARD: VISA MasterCard Please mark box to authorize a \$25 required administra	ation fee for	credit card p	ayment.
Credit Card number:	Exp:	/	Security Code:
Signature:		Date:	

Mail form to Community Foundation Sonoma County, 120 Stony Point Road, Suite 220, Santa Rosa, CA 95401

Contact us at <u>impact100redwoodcircle@gmail.com</u> or visit our website at <u>www.impact100redwoodcircle.org</u>

REDWOOD CIRCLE WOMEN TRANSFORMING SONOMA COUNTY through COLLECTIVE PHILANTHROPY		YER-SPONSORED ME ubmit both pages of th		GISTRATION FORM (page 2 of 2) ume time.
SPONSO	DRED MEMBER	PERSONAL INFORMATI	ON – To be com	pleted by sponsored member
Preferred Name (for directory):				
		First		Last
Home Phone:			Mobile Phone:	
Email:				
Check your select My name, I would like	tions below: phone number, a to be contacted	and email address may d to get involved. aken of me at Impact 10	be published in	the members-only directory. cle events may be published

Sponsored Member Signature:	Date:
	Date: