

# Impact Oklahoma Membership Information Form

(Click the PRINT button on your browser to print this form)

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_

I wish to make my non-refundable annual contribution to Impact Oklahoma\* (due by April 30, 2007):

\_\_\_\_\_ Enclosed is my check for \$\_\_\_\_\_ (\$1,000 minimum)

\_\_\_\_\_ I wish to contribute \$\_\_\_\_\_ (\$1,000 minimum) using my credit card (Circle one) VISA MC

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

*Please consider donating an additional \$25 to cover the cost the credit cards charge for their services. Your entire \$1000 donation goes to the grants so this will reduce the operating cost of Impact Oklahoma. Thanks you.)*

\_\_\_\_\_ My company makes matching gifts. I understand all matching gifts are over and above my required \$1,000 individual gift and will first be designated to cover operating costs. Only at the discretion of the Board of Directors will this money be included in a grant.

\_\_\_\_\_ I wish to be designated a Friend of Impact Oklahoma with my contribution of \$\_\_\_\_\_ (minimum gift of \$250). I understand this gift does not provide me with voting rights, and these funds will first be designated to cover operating costs. Only at the discretion of the Board of Directors will this money be included in a grant.

\_\_\_\_\_ I wish to make a special gift in honor/memory of \_\_\_\_\_ in the amount of \$\_\_\_\_\_. I understand all special gifts will first be designated to cover operating costs. Only at the discretion of the Board of Directors will this money be included in a grant.

## Member involvement

Members may choose to play an active role in the grant proposal process by serving on a focus area committee, or they may choose to only participate in the voting process at the annual meeting. At this time I choose the following:

- |                                     |   |
|-------------------------------------|---|
| _____ Health and Wellness Committee | _____ Social Committee                          |
| _____ Environment Committee         | _____ Membership Committee                      |
| _____ Education Committee           | _____ I do not wish to serve on a committee now |
| _____ Family Committee              |   |
| _____ Culture Committee             |   |

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Mail to:

Impact Oklahoma  
P.O. Box 20149  
Oklahoma City, OK 73156

*\*Impact Oklahoma is a 501(c) (3) under federal law, and all contributions are tax deductible.*