

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:

_____ 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 _____

_____ I have joined on line with my credit card using the "Join on Line" link.

Please consider donating an additional \$27 to cover the cost the credit cards charge for their services. Your entire \$1000 donation goes into the grant fund. This optional choice will reduce the operating cost of Impact Oklahoma. Thank you!

Member involvement

_____ I would like to be on a grant review committee.

_____ I would like to work with the membership committee.

_____ I would like to help with the Derby Down fundraising event in May.

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.*