



# MEMBERSHIP FORM

## MEMBERSHIP INFORMATION

Name \_\_\_\_\_

Preferred Address \_\_\_\_\_

Preferred City/State/Zip \_\_\_\_\_

Preferred Email \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Birthdate Month/Day \_\_\_\_\_

I would like my name to appear as \_\_\_\_\_

I was referred by \_\_\_\_\_

## MEMBERSHIP

**\$1,100** annual membership provides voting rights for one person  
**(\$1,000 grant pool and \$100 administrative fee)**

Enclosed is a check for **\$1,100** for a One Year membership **Made Payable to the Town of Palm Beach United Way, OR**

Please charge my credit card for \$1,100 (MC, Visa, AMEX, Discover)

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish to join as a Legacy Member (commit to a three-year membership)

## OTHER DONATIONS / SPONSORSHIP

100% of our operating expenses are funded by corporate partners and individuals who want to help us grow our membership and increase our Grants pool. If you would like to contribute to our operating budget, please enter the amount \$\_\_\_\_\_ and include with payment.

**THANK YOU FOR YOUR SUPPORT OF IMPACT THE PALM BEACHES AND OUR COMMUNITY!**

**Please return to: Impact the Palm Beaches  
 c/o Town of Palm Beach United Way  
 44 Cocoanut Row, Suite M201, Palm Beach, Florida 33480  
 For questions, email Impact at: [info@impactpalmbeaches.org](mailto:info@impactpalmbeaches.org)  
 or contact Town of Palm Beach United Way at 561-655-1919**

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