



MEMBERSHIP FORM

MEMBER INFORMATION

Name _____

Preferred Address _____

Preferred City/State/Zip _____

Preferred Email _____

Preferred Phone _____ Birthdate Month/Day _____

Business Affiliation _____

I would like my name to appear as _____

I was referred by _____

MEMBERSHIP OPTIONS

Choose Membership (choose one):

- \$1,100 Annual Membership** provides voting rights for one person
(Includes \$1,000 grant pool and \$100 administrative fee)
- Enclosed **\$1,465 Annual Membership AND Palm Society Membership**
(<https://www.impactpalmbeaches.org/palmsociety>)

Payment Option (choose one):

- Enclosed is a check (**\$1,100** for Annual Membership **OR \$1,465** for Annual Membership **AND** Palm Society Membership) (**Make check payable to the Town of Palm Beach United Way**)
- Please charge my credit card for \$1,100 (MC, Visa, AMEX, Discover)
 Credit Card Number _____
 CVV/Security Code _____ Expiration Date _____
 Billing Zip Code _____
 Signature _____ Date _____

ADDITIONAL DONATION / SPONSORSHIP

I am interested in learning more about other ways to support Impact, including sponsorship, operating support, and scholarships. **Please contact me.**

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 Coconut Row, Suite M201, Palm Beach, Florida 33480
 For questions, email Impact at: info@impactpalmbeaches.org
 or contact Town of Palm Beach United Way at 561-655-1919**

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