☐ Full-time ☐ Seasonal, approx. date		
	es in residence	
Email		
Phone	Alternate phone	
I want to thank:		for referring m
 □ MEMBER PLUS-Contribution of \$1 As 100% of membership goes towards grant □ MEMBER-Contribution of \$1,000 (ts, we encourage members to	contribute \$100/year to support administrat
*Because 100% of your membership do	onation goes toward our grant	s, credit card processing fees are included
☐ Please charge my MC or VISA for th	ne 2025 membership ve	ear, amount indicated above
Card#		
Expiration/ Security		·
Name on Card		
Signature		Date
☐ Check enclosed made payable to I I have requested a check paid to Ir Fund or IRA/RMD. Institution ser (Please ask them to include YOUR)	mpact100 Newport Counding check	unty from my Donor Advised
I would like to be contacted about:		mbership to a friend/colleague

Annual Membership/Donations are non-refundable and non-transferable. Membership payment must be received by 11/1/25 to participate in voting for Impact100 Newport County grants at the Annual Meeting in 2026.

Download and email this completed form to membership@impact100newportcounty.org or mail to: Impact100 Newport County, PO BOX 2663, Newport, RI 02840 Questions? Contact info@impact100newportcounty.org