Preferred Name		
Local Address City		
☐ Full-time ☐\$easonal, approx. da		
Email		
Phone		
I want to thank:		for referring me.
		00 Admin) by check, \$1,144 by credit co
☐ MEMBER-Contribution of \$1,00	00 (Grants only) by check,	\$1,040 by credit card.*
*Because 100% of your membership	donation goes toward our grant	s, credit card processing fees are included
☐ Please charge my MC or VISA fo	or the 2025 membership y	ear, amount indicated above.
Card#		
Expiration/ Securi		
Signature		
☐ Check enclosed made payable t	o Impact100 Newport C	ounty, amount indicated above.
I have requested a check paid t Fund or IRA/RMD. Institution		unty from my Donor Advised
(Please ask them to include YO	UR name on the check so w	e can credit your account)
I would like to be contacted about:	☐ Gifting anot	Matching Program Ther membership to a friend/colleague s to pay for my membership
_	_	the following committee(s): ☐ Grants ☐ Sponsorship ☐ Events
	is an IRS registered 501(c)3 b	earing Tax ID # 99-3069078.

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, BOX 2663, Newport, RI 02840

Questions? Contact membership@impact100newportcounty.org