



IMPACT GIVING CIRCLE MEMBERSHIP REGISTRATION

MEMBER INFORMATION

Please complete all fields that apply.

JOINING AS:
Please Check One

☐ INDIVIDUAL

☐ COUPLE

FIRST NAME _____ LAST NAME _____

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE _____ EMAIL _____

MEMBERSHIP LEVELS

Please select from the following membership options.
Each individual member has one vote. Couples have one shared vote.

☐ INDIVIDUAL - \$400

☐ COUPLE - \$500

☐ LIFETIME - \$5,000

Single Annual Payment: Due by November 13th
Quarterly Payments: Due on November 13th, February 13th,
May 13th, and August 13th

PAYMENT OPTIONS*

Please select from the following payment options.
You may split your membership into quarterly payments (4).

☐ CHECK PAYMENT (Send by Mail)

☐ CREDIT/DEBIT CARD
(Pay online or include card information below)

For online payments, you can go to
bit.ly/ImpactGivingCircle
or scan the QR code to connect
Select "Impact Giving Circle" as the designation.
Please note: Link address is case sensitive



***Payment Options:** If you would like to make a gift from your Donor Advised Fund (DAF) instead, contact us at 217-429-3000.

BILLING INFORMATION

Please complete this section if your billing address is different from the information you provided above and/or if you'd prefer to include your credit card information here.

☐ Same address as listed above.

BILLING NAME / NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CARD NUMBER _____ EXP. DATE _____ CVV _____

Please return your completed form by email to kfarrar@heartofillinois.org

Checks may be mailed to: Heart of Illinois Community Foundation, 101 S. Main St., Suite 400, Decatur, IL 62523

QUESTIONS? Call Kaitlyn Farrar at 217-429-3000