

## 2024 MEMBERSHIP APPLICATION DEADLINE IS MAY 15, 2024

Please Print Your Information Below

First Name	Last Name:
Address:	
Email:	Best Phone Number:
_	anay identify me as a member on the Impact SA website. I consent to receive occasional text messages at the phone number provided above.
How did yo learn abou	
Impact SA	
MEMBERSHIP OPTIONS:	
	CT - \$1,000
If you want to	join as part of a Shared Membership, visit: www.impactsanantonio.wildapricot.org/JoinShared
PAYMENT OPTIONS:	
	DIRECTLY FROM BANK ACCOUNT:      Check Enclosed     Check mailed separately     ail me a link to pay by E-Check     Email me instructions to pay using Zelle money transfer
PAY  Broke	HROUGH CHARITABLE ACCOUNT or IRA DISTRIBUTION:
	l name is: Impact San Antonio Foundation Incorporated.  Tax ID: 20-1154171 s: 24165 IH-10 West, Suite 217-462, San Antonio, TX 78257
	VITH A DEBIT/CREDIT CARD: We will send you an email with a link to pay online.
	HING CONTRIBUTION: My employer     atch my payment in the following     I am donating through my employer's giving platform     My employer will match my direct donation separately
Name	of Employer (if applicable):
Giving Platfo	
lf you	lonate through an employer giving platform, it will take 6-8 weeks for Impact SA to receive the funds.
<b>PAY WITH A STOCK DONATION</b> : Email <i>treasurer@impactsanantonio.org</i> for instructions.	
Signature:	Date:
Mail completed form (and check, if applicable) to: Impact San Antonio Foundation Inc., 24165 IH-10 West, Suite 217-462, San Antonio TX 78257	

Or, scan completed form and email to: *data@impactsanantonio.org*