



## IMPACT AUSTIN FRIENDS FORM

**I wish to make a non-refundable contribution to Impact Austin.  
Contributions for each coming grant year are due by December 31st.**

<b>Contact Information:</b>	
Name: _____	Email _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Work Phone: _____
Mobile Phone: _____	Fax Number: _____

**PLEASE MAKE CHECK PAYABLE TO "IMPACT AUSTIN".  
IF PAYING BY CREDIT CARD, PLEASE ALSO COMPLETE CREDIT CARD AUTHORIZATION FORM.**

<b>Contributions</b> (check all that apply):	
<input type="checkbox"/> I want to support Impact Austin with a Friends Donation of:	<b>Write Amount For Each Contribution</b>
<input type="checkbox"/> \$50 <input type="checkbox"/> \$500	
<input type="checkbox"/> \$100 <input type="checkbox"/> \$1000	
<input type="checkbox"/> \$250 <input type="checkbox"/> Other amount: \$ _____	\$ _____
<input type="checkbox"/> I want to support Girls Giving Grants!	
<input type="checkbox"/> Add \$20 more <input type="checkbox"/> Add other amount: \$ _____	\$ _____
<input type="checkbox"/> I want to make a gift of stock. Please contact me to discuss further.	
<b>Contribution Total: \$ _____</b>	
<small>Impact Austin is a non-profit organization exempt from federal taxes under Internal Revenue Service Code 501(c)(3). All contributions are tax-deductible</small>	

**Authorizations** (please read and check each box to confirm):

- I understand that my Friend of Impact Austin donation will be designated to cover administrative costs and, only at the discretion of the Board of Directors, will this money be included in a grant.
- I grant Impact Austin permission to publish my name as a Friend of Impact Austin in the program for the Annual Meeting.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_