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**2023 Philanthropy Ohio Individual Membership Form**

New Member  Renewal Please choose one:  Check Enclosed  Invoice Us

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| Individual Donor |  | | | | | | | | | |
| Address |  | | | | | | | | | |
| City |  | | | | | | State |  | ZIP Code |  |
| Phone |  | | Website |  | | | | | | |
| Facebook | |  | | | Twitter |  | | | | |
| LinkedIn | |  | | | Blog |  | | | | |
| Primary Contact/ Individual | |  | | | Title |  | | | | |
| Contact’s Phone number | |  | | | Email |  | | | | |

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| --- | --- | --- | --- |
| **Membership Type and Giving**  (Please select one) | **Membership Support Calculation** | | |
| Individual Donor    Total Assets $ |  | | |
| Individual Donor | $1,000 |  |
| **Total Support** | **$1,000** |  |
| You can also pay your membership dues online by credit card at [www.philanthropyohio.org/membership-renewal](http://www.philanthropyohio.org/membership-renewal). | |  |
| |  |  | | --- | --- | | **Types of Giving**  (Check as many as apply) | | | Advocacy  Capacity-building  Capital Campaigns  Disaster Relief  Other: | General Operating  Loan/PRIs  Program/Project Specific  Scholarships | | | | | | |

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| **Other Memberships**  I/We belong to the following philanthropic organizations: |
| Council on Foundations  Exponent Philanthropy  Independent Sector  GEO   Grantmakers in Education  Grantmakers in Health  Other: |

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| --- | --- | --- |
| **Please indicate your primary giving interests**  (Check as many as apply) | | |
| Arts & Culture  Education  Environment | Health  Human Services  International Affairs | Public Affairs/Society  Religion  Other: |

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| **Key Priorities**   Please type in your top three priority funding areas within your primary giving interests. |
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| **Guiding Principles, Diversity and Consent** |
| *I/We intend to abide by the applicable* [*Guiding Principles*](https://www.philanthropyohio.org/resources/philanthropy-ohio-guiding-principles) *and be informed by the* [*Diversity Statement.*](https://www.philanthropyohio.org/resources/philanthropy-ohio-diversity-equity-inclusion-and-belonging-statement) *I am authorized* *to and hereby consent for this organization or individual to receive correspondence sent by or on behalf of Philanthropy Ohio.*      *If digitally signing this document, double click the Sign dialog box and select “ok.” Then click “select image” and locate your signature image file and click Select. You can also print this document out and include your handwritten signature.* |