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**2024 Philanthropy Ohio Membership Form for
Government Grantmaking Agencies**
[ ]  New Member [ ]  Renewal Please choose one: [ ]  Check Enclosed [ ]  Invoice Us

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| Organization  |  |
| 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**  |
|  [x]  Government Grantmaking AgencyDoes your organization have paid staff? [ ]  Yes [ ]  No Number of full-time staff:      Number of part-time staff:      Total Assets $       | Government Grantmaking Agencies | $1,000 |  |
| **Total Support**  | $1,000 |  |
| Annual membership renewal support must be paid or pledged **by March 31, 2024.**You can pay your membership dues online by credit card at [www.philanthropyohio.org/membership-renewal](http://www.philanthropyohio.org/membership-renewal).  |  |
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| **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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| **Please indicate your primary giving interests** (Check as many as apply) |
| [ ]  Arts & Culture[ ]  Education[ ]  Environment/Animals | [ ]  Health[ ]  Human Services[ ]  International Affairs | [ ]  Public Affairs/Society[ ]  Religion[ ]  Other:       |

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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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| **Key Priorities**  Please type in your top three priority funding areas within your primary giving interests.  |
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| **Mission Statement**  Please type in your mission statement. |
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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.* |

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| **Additional Organizational Contacts** |
| Since your membership is organization-wide, please list additional colleagues to be entered into Philanthropy Ohio’s member database. Include additional pages, if necessary.  |

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| Contact  |       | Title |        |
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| Address |       |
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