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**2024 Philanthropy Ohio Membership Form**

New Member  Renewal Please choose one:  Check Enclosed  Invoice Us

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

Annual membership renewal support must be paid or pledged by **March 31, 2025.**

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| --- | --- | --- | --- |
| **Membership Type and Giving**  (Please select one) | **Membership Support Calculation**  (For Foundations, Federated Funds, United Ways, Corporate Giving Programs) | | |
| Community Foundation  Corporate Foundation or Corporate Giving Program  Family Foundation    Federated Fund  Grantmaking Public Charity  Operating Foundation  Private Foundation  Supporting Organization  United Way  Does your organization have paid staff?  Yes  No  Number of full-time staff:  Number of part-time staff:  Total Assets $          EIN Number: |
| 2022 Grants/Giving | $ |  |
| 2023 Grants/Giving | $ |  |
| 2024 Grants/Giving | $ |  |
| Total Grants/Giving (add 3 lines above) | $ |  |
| Total Divided by 3 | $ |  |
| Multiplied by 0.0025 | $ |  |
| **Total Support** | $ |  |
| Minimum Support: $1,000. Maximum Support: $13,000. Support above $1,000 may be made as a grant rather than taken as an administrative expense. Complete this form online and pay 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 | | | | | | |
| Please contact Philanthropy Ohio at 614.224.1344 with any questions. If your organization is a member of other regional philanthropy-serving organizations, please contact [Jessica Howard](mailto:jhoward@philanthropyohio.org) for help with calculating your dues. | | | |

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| **Other Memberships**  I/We belong to the following philanthropic organizations: |
| Council on Foundations  Exponent Philanthropy  Independent Sector  OANO  United Way Worldwide  National Affinity Group:        Other:  Regional Association other than Philanthropy Ohio:       *If your organization is a member of other regional philanthropy-serving organizations, please contact Jessica Howard for help with calculating your dues.* |
| **Mission Statement**   Please type in your mission statement. |
|  |
| **Primary Giving Interests**  Please indicate your primary giving interests by checking as many as apply. |
| |  |  |  | | --- | --- | --- | | Arts & Culture  Education  Environment | Health  Human Services  International Affairs | Public Affairs/Society  Religion  Other: | |
| **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.* |

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

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| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
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