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**2024 Philanthropy Ohio Membership Form**

[ ]  New Member [ ]  Renewal Please choose one: [ ]  Check Enclosed [ ]  Invoice Us

|  |  |
| --- | --- |
| 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). |
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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 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 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. |
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| [ ]  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.* |

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