



SUNY POLY FOUNDATION

2025 Women of Impact Annual Membership Form

Please print

Name: _____

Company Name (if applicable): _____

Address: _____ City/State/Zip: _____

Giving options: (the annual Women of Impact contribution level begins at \$250, however, if you wish to contribute at a higher level we welcome your additional support.)

☐ \$250 ☐ \$500 ☐ \$750 ☐ \$1,000 ☐ Other \$ _____

Payment Options:

☐ I will contribute online: <https://form.jotform.com/223324428696159>

or

☐ I have enclosed my check payable to: SUNY Poly Foundation

or



☐ MasterCard ☐ Visa ☐ Discover ☐ Am Ex

Card number: _____

Exp. Date: _____ CV _____

Cardholder Name _____

Cardholder Signature _____

Date _____



GIVE THE GIFT of Membership

In addition to receiving your own membership, consider gifting one to a friend! We'll let them know about your thoughtful generosity.

Name: _____

Address: _____

Phone: _____

Email: _____

Thank you for your generous support.

Please return this form to:

SUNY Poly Foundation, 100 Seymour Road, Utica, NY 13502 • (315) 792-7110