



*Growing the breadth, effectiveness and impact of philanthropy  
in order to build stronger, more equitable communities  
where all Rhode Islanders can thrive*

## 2021 Membership Application

Membership is for the 2021 calendar year.

Organization Name:

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Website url: \_\_\_\_\_

Issue/Focus Areas: \_\_\_\_\_

\_\_\_\_\_

Type of Organization/Giving Program:

- Community Foundation
- Corporate Foundation
- Corporate Giving Program
- Family Foundation
- Government Agency
- Independent Foundation
- Public Foundation
- Federated Giving Program
- Other \_\_\_\_\_

Annual Giving in Rhode Island: \_\_\_\_\_

Desired Membership Level:

*Please choose a membership level appropriate to your organization's size and resources. Please particularly consider higher levels as an opportunity to support GCRI's work and mission.*

- Champion (\$3,500)
- Leadership (\$2,500)
- Supporting (\$1,500)
- Member (\$500)

Please check all of the following funding areas appropriate to your organization:

- Animal-related*
- Arts, Culture, Humanities*
- Civil Rights and Advocacy*
- Community Development*
- Economic Development*
- Education and Youth Development*
- Environment*
- Faith-based Initiatives*
- Financial Literacy*
- Health*
- Housing and Homelessness*
- Human Services*
- Hunger and Food Security*
- International*
- Medical Research*
- Public Safety and Disaster Relief*
- Science and Technology*
- Workforce Development*
- Other* \_\_\_\_\_

Organizational Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

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Catalyst Group Interest:

- Arts & Culture
- Basic Needs
- CyberGrants Users Group
- Education
- Employee Engagement
- Financial Education and Empowerment
- Grantmakers of Color
- Grants Management and Administration
- Health
- Nonprofit Capacity Building
- Racial Equity

What types/topics of programming would be helpful to your organization in the upcoming year?

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Additional Organizational Staff Who Should Receive GCRI Program Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Catalyst Groups: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Catalyst Groups: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Catalyst Groups: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Catalyst Groups: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Catalyst Groups: \_\_\_\_\_

*Please make checks payable to Grantmakers Council of Rhode Island.*

**Grantmakers Council of Rhode Island**

50 Valley Street

Providence, RI 02909

401-444-0628