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):_________________________________

_____________________________________________________________________

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?

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