

PHILANTHROPY PARTNERS OF THE CAPE AND ISLANDS

2025 Membership Application

	AYMENTTYPE:	
Name:	Check: # Amount: \$	
Title:	Credit Card: CapeCodGiving.org/about-us/membership/	
Organization:	Additional Representatives for Business level (optional)	
Address: 2 nd	¹ Name:	
	^d Email:	
	Name:	
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	pStructure	
☐ Business or Organization: \$225 per 12-month period Transferable within the organization, benefits cover any one to three staff, Board or volunteer representatives from the business or organization. Additional benefits include promotion of job postings.	Membership / Renewals Valid for a 12-month Period Please retain a copy for your records and	
☐ Business or Organization: \$225 per 12-month period Transferable within the organization, benefits cover any one to three staff, Board or volunteer representatives from the business or	Membership / Renewals Valid for a 12-month Period Please retain a copy for your records and return this form with payment to: Philanthropy Partners of the Cape and Islands	
 ☐ Business or Organization: \$225 per 12-month period Transferable within the organization, benefits cover any one to three staff, Board or volunteer representatives from the business or organization. Additional benefits include promotion of job postings. ☐ Individual Membership: \$120 per 12-month period 	Membership / Renewals Valid for a 12-month Period Please retain a copy for your records and return this form with payment to:	

2025 Schedule of Events

ANNUAL MEETING	EVENING NETWORKING	EDUCATIONAL MEETING
January 22, 2022	March 12, 2025	April 16, 2025
EDUCATIONAL MEETING	EVENING NETWORKING	PHILANTHROPY DAY
June 11, 2025	September 10, 2025	November 19, 2025