



THE ARCHBISHOP IAKOVOS LEADERSHIP 100 FUND, INC.
645 FIFTH AVENUE, SUITE 403 • NEW YORK, NY 10022

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MEMBERSHIP APPLICATION

A. PERSONAL INFORMATION

Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Home Phone _____ Home Fax _____ Cellular _____

Birth Date _____ Name Day _____ Email _____

Name of Spouse _____ Middle _____ Date of Birth _____ Name Day _____

Name of Children _____ Date of Birth _____

Name of Children _____ Date of Birth _____

Name of Children _____ Date of Birth _____

Name of Children _____ Date of Birth _____

Alternate address (summer/winter home, etc.) Indicate dates to receive mail at this address. _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Home Fax _____

Parish Affiliation _____

Parish Name City State

B. Business information

Company Name _____

Title _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Business/Private Phone _____ Business/Private Fax: _____

Email _____

C. Contact Information: How did you learn about Leadership 100?

This brochure The Leader the website from a member Other

D. Leadership Commitment

Under what name(s) should this gift be listed _____

We/I hereby pledge my/our gift of \$100,000 starting _____ (month/day/year) to be paid in installments of:

\$100,000 (paid in full) \$25,000 annually (4 years) \$20,000 annually (5 years)

\$10,000 annually (10 years) \$2,500 quarterly payments Other \$ _____

Signature of Applicant(s) Date

Name of Sponsor(s) Date