



# 2019 Business Philanthropist of the Year

## Qualifications

A Business Philanthropist demonstrates a commitment to improving the quality of life for residents of the community through their philanthropic efforts. Nominee must meet the following requirements:

- Nominee must be a member in good standing with the Greater Irvine Chamber of Commerce.
- Organization must be located or operated in Orange County.
- Provide continued support for local non-profits, 501(c)(3)s and/or schools.
- Provide financial contributions, use of facilities, services, time, or advertising support.

## Nominee Contact Information

Company Name	
Address	
Contact Name & Title	
Phone	
Email Address	

## Background

### Company Description

Please provide a brief description of nominee's business, how many employees, and products or services offered.

### Chamber Involvement & Support

Is the nominee involved in any Chamber initiatives and/or activities?

### Community Involvement

List any organizations, youth programs, volunteerism, etc., as well as any specific ways in which the nominee has donated time, talent, or resources.

### Business Standards

Discuss business ethics, customer service standards, environmental stewardship practiced, etc.

### Additional Details

Please attach any additional examples of the impact of the philanthropic endeavors within the organization.

## Nominated By

Name (printed)	
Signature	
Date	

Application deadline: June 7, 2019 | Application fee: \$50

### Please submit completed applications to:

Greater Irvine Chamber of Commerce

Attn: Kaitlynn Irvine

36 Executive Park, Suite 100

Irvine, CA 92614

[kirvine@irvinechamber.com](mailto:kirvine@irvinechamber.com)

Phone: 949.502.4120

Fax: 949.660.0829



## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Greater Irvine Chamber of Commerce** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Greater Irvine Chamber of Commerce** to  
charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.