

# Invisible Hand of the Philanthropist

## Participation Form

(Please sign and return this page AND 1 page answer sheet to the questions below to IHP@ihpmovement.com or fax 650-899-1668)

Name of Non-Profit: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

To be considered for eligibility, please attach 1 separate page to answer the following questions:

- 1) How has the current economy affected the need of services that you give to the community (eq. more people in need of food, etc...)
- 2) How has the current economy affected the donations of goods and services that your organization receives?
- 3) How have the services that your organization provides to the community affected our local economy? (Please read the attached article about Invisible Hand of the Philanthropist)

By signing this agreement, I agree to voluntarily participate in the Invisible Hand of the Philanthropist movement and will hold the organizers, officers, directors, employees, volunteers, licensors, and suppliers harmless from all claims arising out of or related to the movement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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