

100(+) Women Who Care Medina Commitment Form

Please Print:

Name _____

Street Address _____

City, State & Zip _____

Telephone (H) _____ (W) _____ (C) _____

Email Address: _____

I understand that I am making a commitment to 100+ Women Who Care Medina to make an annual donation of \$400 – (\$100 at each quarterly meeting) – given directly to local charities, nonprofits and other worthy causes serving the Medina County area. I understand that even if I did not vote for the charity chosen by majority vote, I will fulfill my donation commitment. I also understand that if I am not able to attend a quarterly meeting that I will provide my check made payable to the awarded nonprofit to either another member to deliver or mail to the designated 100+ Women Who Care Leadership Team member to bring my donation account current.

Signature

Date

Please tell us how you heard about 100+ Women Who Care. If you were referred by a member, please share their name with us.

Completed Commitment Forms may be scanned and sent via e-mail to 100womenmedina@gmail.com, or forms may be completed and turned in at a meeting. Should you wish to discontinue membership at any time, please send an e-mail to the above address indicating your withdrawal.

The **100+ Women Who Care Medina** thanks you for your support!