

# 100(+) Women Who Care Medina Team Commitment Form

TEAM NAME: \_\_\_\_\_ RESPONSIBLE PARTY NAME: \_\_\_\_\_

**Person 1:**

Please Print:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

**Person 2:**

Please Print:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

We understand that we are 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, non-profits and other worthy causes serving the Medina County area. We understand that even if we did not vote for the charity chosen by majority vote, we will fulfill our donation commitment. We also understand that if we are not able to attend a quarterly meeting that we will provide our check(s) 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 our donation account current. We understand that as a team we have only 1 vote at each meeting.

Person 1	
_____	_____
Signature	Date

Person 2	
_____	_____
Signature	Date

Please tell us how you heard about 100+ Women Who Care Medina. 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](mailto: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. If your team changes, please send an email to notify us of the change.

If one check will be used to submit your donation, please indicate the member name(s) on the memo line

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