

# 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, non-profits 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 to either another member to deliver or mail in advance of the meeting.

_____	_____
Signature	Date

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.

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