

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 checks to either another member to deliver or mail in advance of the meeting. We understand that as a team we have only 1 vote at each meeting.

| | |
|-----------|-------|
| Person 1 | |
| _____ | _____ |
| Signature | Date |

| | |
|-----------|-------|
| Person 2 | |
| _____ | _____ |
| Signature | Date |

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!