



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 Geneva** to make an annual donation of \$400 – (\$100 at each quarterly meeting) – given directly to local charities/non-profits serving the Tri Cities 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

I agree to have my contact information included in the 100 Women Who care Geneva Membership Directory; (We will **never** share your information. please check: Yes _____ No _____)

Completed Commitment Forms may be scanned and sent via e-mail to admin@100womenwhocaregeneva.com, or forms may be completed and turned in at the 1st meeting you attend. Should you wish to discontinue membership at any time, please send an e-mail to the above address indicating your intent to do so.

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