



www.100WWCNC.org

COMMITMENT FORM

Thank you for your interest in the *100 Women Who Care Nature Coast* project. If you would like to join us, please fill out the commitment form below and return to: 100wwcnc@gmail.com website: www.100wwcnc.org

(Please Print)

Name _____

Street Address _____

City, State, & Zip _____

Home Phone _____ Cell Phone _____

Email _____

Preferred method of contact: _____

I understand that by joining “**100 Women Who Care,**” I am making a commitment to contribute an annual donation of \$400.00 per year (\$100.00 per quarter) to a local 501(c)(3) organization. I agree to honor my commitment even if I am not fond of the charity chosen. **If I am not able to attend the quarterly meeting, I will give my check (which will also serve as my proxy vote) to another member to deliver on my behalf, or I will mail it within one week of the meeting.**

Your Signature

Date

Please note: If your situation changes and you are unable to participate for whatever reason, please let us know. Thank you!