



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 – Southern Maine** to make an annual donation of \$200 – (\$50 at each quarterly meeting) – given directly to local charities/non-profits serving the Southern Maine 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 WWC Membership Directory; please check YES _____ NO _____

Completed Commitment Forms may be scanned and sent via e-mail to deb100women@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 – Southern Maine** thanks you for your support!