



Membership Form

Name _____

Street Address _____

City, State & Zip _____

Telephone (H) _____ (C) _____

Email Address _____

I understand that:

*I am committing to make an annual donation of \$400 (\$100 each quarter).

*even if I did not vote for the charity chosen by member majority, I am expected to fulfill my donation commitment.

*if I am unable to attend a quarterly meeting I should submit my donation in a timely manner.

*by making my quarterly donation I will retain the privilege to nominate and vote at the following meeting

Signature (electronic or written)

Date

*Copies of this form are available on our website (www.100WWCStephensonCounty.com) for future reference

Completed commitment forms may be turned in at any meeting or sent via e-mail to 100WWCStephensonCounty@gmail.com. Should you wish to discontinue membership at any time, please use the above e-mail address to inform us of your withdrawal.

The 100 Women Who Care-Stephenson County thanks you for your support!