

100+ WOMEN WHO CARE CHARLOTTESVILLE



Member Commitment

(Please Print)

Name _____

Street Address _____

City _____ VA Zip _____

Telephone(s) _____ (Home) _____ (Cell)

E-Mail _____

I understand if I choose to participate in 100+ Women Who Care I am making a personal commitment to donate \$400 each year (\$100 per quarterly meeting) to charities/non-profits serving the Charlottesville area. I also understand that even if the charity chosen is not my first choice, as a member, I will fulfill my commitment. If I am unable to attend a quarterly meeting, I will give my check, which will serve as my proxy vote to another member to deliver on my behalf.

Signature

Date