

**100+ WOMEN WHO CARE**

**OF SOUTHWEST FLORIDA**

Commitment Form 2022

*Please read carefully before signing.*

I understand that I am making a commitment to **100+ Women Who Care of Southwest Florida** to make an annual donation of $300 ($100 at each of the January, February, and March meetings), payable directly to local non-profit charities serving Southwest Florida, as selected by the members.

I understand that I must sign this commitment and must be present at the meeting to be eligible to nominate a charity, and to vote. I further understand that if the charity chosen by the majority is not my first choice, I will fulfill my commitment. If I am not in attendance at a meeting, I will provide my check either to another member to deliver, or mail within ten days to an address that will be provided by email after the meeting.

100+Women Who Care of SWFL will not share its membership list for any purpose with any outside organization, without permission from its members.

I understand that my commitment will automatically renew yearly unless I give notice to cancel my membership.

I give permission for my name to be listed on the website as a member. \_\_\_\_Yes \_\_\_\_No

*Please print legibly*

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_