

100 Women Who Care Lake County, FL

Making A Difference in Our Community

Commitment Form

Commitment: With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participating in 100 Women Who Care, Lake County, FL, and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving Lake County, FL. I agree to donate each quarter to the nonprofit organization selected by the group's majority vote. If I am unable to attend a quarterly meeting, I will either send my check with another attending member to deliver on my behalf, or mail it as requested after the meeting. I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for 100 Women Who Care, Lake County, FL.

I understand my personal contact information is strictly confidential and I understand it will not be shared or distributed to an outside third party without my expressed consent. If 100 Women Who Care, Lake County, FL chooses to publish a Membership Directory, I agree that my contact information be included in that directory Yes _____ No _____.

Member Information:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

Completed Commitment Forms may be scanned and sent via-email to Rosanne Brandeburg, rbrandeburg@comcast.net. (352) 551-6416 or turned in at next meeting. Should you wish to discontinue membership at any time after your four-time commitment, please send an email to Rosanne at same email address, indicating your withdrawal.