



Membership Form

Thank you for your interest in joining **100+ Women Who Care Portland**. Our members are making real changes in the lives of those living in the Portland area through our combined donations each quarter.

We meet four times a year on the second Tuesday of January, April, July and October from 6:00– 7:00 pm (5:30-6:00 Happy Hour).

Please complete the information below and bring it to the next meeting or email to Terry Zornado: Terry@TerryZornado.com

Name _____

Address _____

City, State, Zip _____

Phone: _____

E-mail: _____

I am making a personal commitment to donate \$400 each year, \$100 at each quarterly meeting, to charities serving those living in the Portland area. I understand that even if the charity chosen is not my first choice, I will donate at each meeting. If I am not able to attend the quarterly meeting I will give my check to another member to deliver to the meeting on my behalf, or I will mail my check after the meeting. I agree not to nominate national organizations (local chapters okay), charities that are political, or of a politically sensitive nature. I understand that my nomination may be rejected if it does not meet these criteria.

Signature

Date