

MEMBERSHIP COMMITMENT FORM

Thank-you for your interest in joining 100 Women Who Care Caledon!

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	NO ETE IF SIGNING UP AS A TEAM:
I agree to fulfill my donation	
· · · · · · · · · · · · · · · · · · ·	
Signature:	Date:
Name:	
Address:	City: Postal Code:
Primary Phone:	Alternate Phone:
Email:	
COMPLETE IF SIGNING UI	PASATEAM:
Team Name	How will the donation be split between members?
If you are making a commitn	nent as part of a team, each person should provide their own Membership Commitment For

If you are making a commitment as part of a team, each person should provide their own Membership Commitment Form. All members can attend each meeting, but each team may only vote once and may only submit one charity for nomination at each meeting.

Completed Membership Commitment Forms may be scanned and sent via email to: *info@100womenwhocarecaledon.com* or printed and mailed to: 100 Women Who Care Caledon, c/o 20 Pineridge Drive, Palgrave, ON L7E 0M3