

MEMBERSHIP/COMMITMENT FORM

Thank you so much for your interest in joining **100 Women Who Care Phoenix!**

Please fill out the information below. Return the form by e-mailing it to 100womenwhocarephoenix@gmail.com or by mailing it to Michelle Wilkie: 2513 N 61st Way, Scottsdale, AZ 85257. You may also bring it to the meeting.

We will meet four times a year: typically in March, May, September and November. Please check the website for the specific dates.

Meetings will begin at 6:30 p.m. Location: 6037 E Calle Del Media, Scottsdale 85251

Together we will make a positive impact—through four one-hour meetings each year with a donation of \$100 each meeting!

Thanks for being a woman who cares!

Please visit www.100womenwhocarephoenix.org for more information.

Name _____

Street Address _____

City, State & Zip _____

Telephone H: _____ W: _____ C: _____

E-mail _____

I understand if I choose to participate in 100 Women Who Care Phoenix, I am making a personal commitment to donate \$400.00 each year, \$100.00 each meeting, to charities/ non-profits/worthy causes serving the Maricopa County area. I also understand that, even if the charity chosen is not my first choice, I have committed to donate at each meeting. If I am not able to attend a meeting, the check should be given to another member to deliver to the meeting. Checks will be accepted for two weeks following the meeting in order for the member to remain in good standing.

Signature: _____ Date _____

Cindy Little, Kelley MacWilliam, Kathleen McClain and Michelle Wilkie
100 Women Who Care Phoenix
c/o Michelle Wilkie
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Scottsdale, AZ 85257
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www.100womenwhocarephoenix.org