

# MEMBERSHIP/COMMITMENT FORM- 2 PERSON TEAM

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

Please fill out the information below. Return the form by emailing it to [100womenwhocarephoenix@gmail.com](mailto:100womenwhocarephoenix@gmail.com) or by mailing it to Michelle Wilkie: 2513 N 61<sup>st</sup> 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 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](http://www.100womenwhocarephoenix.org) for more information.

## Team Member 1:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

E-mail \_\_\_\_\_

## Team Member 2:

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/team, \$50/team member at 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 the 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 \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Cindy Little, Kelley MacWilliam, Kathleen McClain and Michelle Wilkie  
100 Women Who Care Phoenix  
c/o Michelle Wilkie  
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