

# Commitment Form – 100 Women Who Care Grey-Bruce

Year \_\_\_\_\_

Please complete the information below.

(Note: This information is required for administrative purposes.)

Check one:

I am signing up as an individual (please provide your contact information in the table below)

I am signing up as a team (please complete the primary team contact information in the table below and list all team members in the space provided)

Individual Member or Primary Team Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Team Members (max. 4)

**Note:** Receipts for all team members will be sent to the Primary Contact (listed above) for distribution

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

- I understand that I am making a commitment to 100 Women Who Care Grey-Bruce to make an annual donation of \$400 (\$100 at each of the four meetings). Donations will be given directly to local charities, non-profits and other worthy causes serving Grey-Bruce.
- I agree to fulfill my donation commitment even if I did not vote for the charity selected by majority vote. I also agree that I will provide my cheque to another member to deliver in my place if I am not able to attend a quarterly meeting.
- I agree to have my contact information included in the 100 Women Who Care Grey-Bruce Membership Directory.

**Signature (Individual or Primary):** \_\_\_\_\_

Completed Commitment Forms may be scanned and sent via e-mail to [marilyn.grahame@gmail.com](mailto:marilyn.grahame@gmail.com), or may be completed and turned in at a meeting. Should you wish to discontinue membership at any time, please send an e-mail to the above address indicating your withdrawal.

Where did you hear about 100 Women Grey-Bruce? : \_\_\_\_\_

**Thank you for signing up and becoming a Women Who Cares in Grey-Bruce!**