

**Membership Commitment Form - Individual**

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

(Please Print)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

I am making a personal commitment to make an annual donation of $400, $100 at each quarterly meeting, to charities serving those living in the Hamilton County area. I understand that even if the charity chosen is not my first choice, I will still fulfill my comitment. 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 to 100 Women Who Care of Hamilton County, PO Box 1102, Noblesville, IN 46061, within 1 week after the meeting. I also acknowledge that photographs and videos taken at events and meetings may include our image and may be used in promotional materials for 100 Women Who Care Hamilton County.

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Signature Date

Completed Commitment Forms may be turned in at the next meeting or scanned and sent via email to womenwhocarehamiltoncountyin@gmail.com

Should you wish to discontinue membership at any time, please send an e-mail to womenwhocarehamiltoncountyin@gmail.com indicating your withdrawal.