



# Commitment Form

Please Print:

Name \_\_\_\_\_

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

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

Telephone (Indicate Home, Cell or Work) \_\_\_\_\_

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

I understand that I am making a commitment to **100+ Women Who Care – Cape May County** to make an annual donation of \$300 – (\$100 at each meeting) – given directly to local charities/non-profits serving the Cape May County area. I understand that even if I did not vote for the charity chosen by majority vote, I will fulfill my donation commitment. I also understand that if I am not able to attend a meeting that I will provide my check to either another member to deliver or mail in advance of the meeting.

\_\_\_\_\_

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

Completed Commitment Forms may be scanned and sent via e-mail to [100WomenCMC@gmail.com](mailto:100WomenCMC@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. Once you become a member, you have the ability to nominate a charity to be considered at each meeting and gives you voting rights to determine the winning charity.

***The 100+ Women Who Care – Cape May County thanks you for your support!***