100(+) Women Who Care

Licking County

**Membership Commitment Form**

So you’d like to join us? What’s your contact information?

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

*Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City, State & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Telephone (Best): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Alternate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*I understand if I choose to make a commitment to 100****(+) Women Who Care –*****Licking County** I pledge to make an annual donation of $400 – ($100 at each quarterly meeting) – given directly to local charities, non-profits and other worthy causes serving the Licking County, Ohio 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 quarterly meeting that I will provide my check, which will serve as my proxy vote, to either another member to deliver or mail in advance of the meeting.

I am Ok with having pictures of me used on the 100+ WWC Licking County website; please check: Yes\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date

Completed Commitment Forms may be scanned and sent via e-mail to contactus@100wwclickingcounty.org, or a copy may be sent to 121 N Plum St Granville, Ohio 43023 (c/o Amanda Schneider), or forms 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.