



MEMBERSHIP COMMITMENT FORM

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

Please Print Clearly:

Name _____
Street Address _____
City, State & Zip _____
Phone _____
Email Address _____

- *I understand that I am making a personal commitment to 100+ Women Who Care Greater Bluffton to make an annual donation of \$400, (\$100 at each quarterly meeting) to be given directly to local charities or non-profits serving the greater Bluffton area.*
- *I understand that even if I did not vote for the charity chosen by the majority I will fulfill my donation commitment.*
- *I further understand that if I am not able to attend the quarterly meeting, I may give my check to another member to deliver to the meeting and vote as my proxy.*
- *If I have not made a payment by the end of the meeting, I understand that I will be notified of the selected charity and instructed on where to submit my check.*

Signature _____ Date _____

- You have my permission to publish pictures of me on the 100WWC website, Facebook, and other local media.
- You have my permission to include my contact information in the 100+WWC Roster. I understand that this information will not be shared with any outside party but is for the use of this organization only.

Commitment forms may be completed and brought to the next meeting or scanned and emailed to **100WWCBluffton@gmail.com**