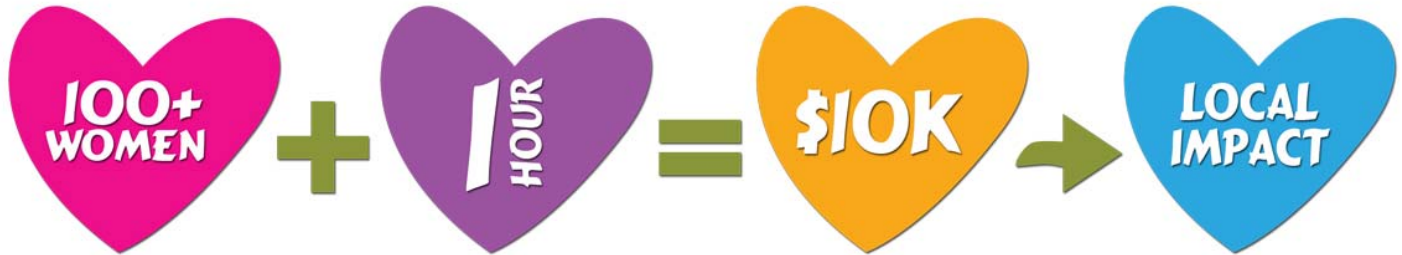




INDIVIDUAL COMMITMENT FORM



Commitment:

I understand that I am making a commitment to **100+ Women Who Care Will County** to make an annual donation of \$400 – (\$100 at each quarterly meeting) – given directly to local charities serving the Will 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 quarterly meeting that I will provide my check to either another member to deliver or mail in advance of the meeting.

- You have my permission to publish pictures of me on Websites/Press/Internet etc.
- You have my permission to share my contact information with other group members.

First Name _____ Address _____

Last Name _____ City _____ ST _____ Zip _____

Best Phone Number _____ Email Address _____

Date _____ Signature _____

Completed Commitment Forms may be scanned and sent via e-mail to Maribeth@100WWC-Will.org or forms may be completed and turned in at a meeting. (Should you wish to discontinue membership at any time after your four-time commitment, please send an e-mail to the above email address indicating your withdrawal.)

Please note: **100+ Women Who Care Will County** promises not to share this information with any outside party. It is for our records only.