



100womenlake@gmail.com | 100womenlake.com

Commitment Form

Thank you so much for your interest in 100+ Women Who Care, Lake County. Complete your commitment if you would like to join or recommit to this exciting adventure.

Name: _____

Address: _____ City / State / Zip _____

Phone: _____ Email: _____

Type of Membership: Individual _____ Two Person Team _____ If team, note team member: _____

I understand that in joining "100+ Women Who Care, Lake County" I am, or my team of two are, committing to contribute \$400.00 per year (\$100.00 per quarter) to worthy causes, charities, and nonprofits, with a 501(c)(3) status, serving my community. I agree to honor my commitment even if I am not in agreement of the charitable cause chosen.

I agree _____

If I choose to not honor my commitment, I understand I will not be able to nominate a non-profit nor vote until I am in good standing with my commitment and the chapter.

I agree _____

I give the chapter and alliance permission to use photos or videos of myself on promotional materials or release of same to media and social outlets.

I agree _____

If I am unable to attend the quarterly meeting I will give my check to another member to deliver on my behalf, which will serve as my proxy vote. Or, I will submit my check within 7 days of the quarterly meeting to address above. I understand I am still committed to the chapter for my \$100 even though I was not present and did not exercise my proxy vote. I will be notified within 24 hours of the meeting to which charitable cause to write my check.

I agree _____

I understand that this is not a legal agreement, but an honor commitment to the 100+ Women Who Care, Lake County, Ohio Chapter. By signing below I agree to the statements on this form. My commitment will automatically renew each one-year period.

Signature: _____ Date: _____