



Member Commitment Form

100WomenWhoCareColoradoSprings.com

Name _____ How do you hear about us? _____

Street Address _____

City, State & Zip _____

Contact Number _____ Check this box to receive text messages about meetings

Email Address: _____

Please note, our emails are sent from info@100womenwhocarecoloradosprings.com,
Please provide a **personal email address**. Many businesses mark these as spam.

I understand that I am making a commitment to 100+ Women Who Care Colorado Springs to make an annual donation of \$400 – (\$100 quarterly) – awarded to local non-profits and other worthy causes serving the Colorado Springs area. I understand that even if I did not vote for the charity chosen by majority vote, I will fulfill my donation commitment. To maximize our ability to have our donations matched each quarter, please create a RECURRING account with GROWFUND for automatic quarterly credit card payments. There is a 2% service charge. Please consider making your contribution at least \$100.00. Please use the link on our webpage to sign up for a GROWFUND account.
www.100womenwhocarecoloradosprings.com Thank you!

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Signature

Date

Completed Commitment Forms may be scanned and sent via e-mail to:
info@100womenwhocarecoloradosprings.com , or forms may be completed and turned in at a meeting.

WE WILL NOT SHARE YOUR INFORMATION