



# COMMITMENT FORM 2017

Name \_\_\_\_\_

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](mailto:info@100womenwhocarecoloradosprings.com), please provide a personal email address- as 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 at each quarterly meeting) – given directly to local charities, 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. If I am unable to attend the quarterly meetings, I understand that I can provide (4) four signed checks to be sent to the nominated charities, or provide my credit care info below to be charged \$100.00 by each nominated charity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***The information you share will be kept private***

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

Credit Card Authorization **OPTIONAL**

Name as it appears on card \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Month \_\_\_\_\_ Year \_\_\_\_\_ C V V Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_