



COMMITMENT FORM 2017

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- 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 card info below and authorize quarterly charges of \$100.00 to the selected recipient.

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 , 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 _____

by signing here you are authorizing quarterly payments using this card.