



COMMITMENT FORM

Name _____

Street Address _____

City, State & Zip _____

Best Contact Number _____

Email Address: _____

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) – to be 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. I understand that I will provide (4) four signed checks to be sent to the nominated charity or provide my credit care info below to be charged \$100.00 by each nominated charity.

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.

Credit Card Authorization **OPTIONAL**

Name as it appears on card _____ Amount _____

Credit Card # _____ Exp. Month _____ Year _____ C V V# _____

Authorized Signature _____ Zip Code _____