



# Commitment Form

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I understand that I am making a commitment to 100 Women Who Care - Clear Lake Bay Area to make an annual donation of \$400 – (\$100 at each quarterly meeting) – given directly to local charities and non-profits. I understand that even if I did not vote for the charity chosen by the majority vote, I will fulfill my donation commitment. I also understand that if I am unable to attend a quarterly meeting I will provide my check to another member prior to the meeting or deliver said check to the 100 Women Who Care – Clear Lake Bay Area Treasurer within one week of the meeting.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date