

# 100+ Women Who Care Monadnock Commitment Form

**Please Print:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about the organization? \_\_\_\_\_

Would you like to learn more about volunteering with our organization? \_\_\_\_\_

I understand that I am making a commitment to **100+ Women Who Care Monadnock** to make a quarterly minimum donation of \$50 given directly to a charity or non-profit serving the local area and chosen by majority vote at the meeting. This is not an annual commitment; I will be a member until I submit my resignation in writing. I understand that even if I did not vote for the charity chosen by majority vote, I will fulfill my donation commitment. I also understand that if I am not able to attend a quarterly meeting, I am still responsible for making my quarterly donation within 2 weeks of the group meeting. Only members who are current in their contributions are eligible to vote. In addition, I understand that the group has an optional annual administrative fee of \$15, due in January of each year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Mail completed form to:

Sharon Smith  
100+ Women Who Care Monadnock  
25 Long Hill Road  
Peterborough, NH 03458

Should you wish to discontinue membership, please send an email to [ssmithwwc@gmail.com](mailto:ssmithwwc@gmail.com) or a letter to the above address, indicating your withdrawal.