



Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has. Margaret Meade

COMMITMENT FORM

Thank you for your interest in **100+ Women Who Care, RI** Please fill out this form and send to: 100womenwhocareri@gmail.com

Name _____

Street Address _____

City, State & Zip _____

Telephone Home _____ Work _____ Cell _____

Email _____

Individual Commitment Levels

CHAMPION: \$100+ quarterly/\$400+ annually

LEADER: \$100 quarterly/\$400 annually

SUPPORTER: \$50 quarterly/\$200 annually

Team Commitment Levels

A team votes as one entity, with one vote allocated to each team. Teams are responsible for creating consensus among team members for the team's vote.

TEAM OF 2: \$25 per person quarterly/\$100+ annually

2nd Team Member Name: _____

Email: _____

TEAM OF 3: \$35 quarterly/\$140 annually

2nd Team Member Name _____

Email: _____

3rd Team Member Name: _____

Email: _____

I understand that by joining 100+ Women Who Care, RI I am making a commitment to donate quarterly to the nonprofit selected by the membership. Membership will renew annually unless Steering Committee is informed otherwise.

I understand that as a member of 100+ Women Who Care, RI, I will donate at each meeting, even if the nonprofit chosen is not my first choice. If I am unable to attend the quarterly meeting, I will promptly donate following notification of the selected nonprofit.

New members are eligible to nominate a nonprofit after their initial meeting and donation.

Your Signature

Date

I will match my donations through a corporate matching gift program.

NAME OF MATCHING GIFT COMPANY _____