



(Please Print)

Name _____

Street Address _____

City, State & Zip _____

Telephone Home _____ Work _____ Cell _____

Email _____

I understand that I am making a commitment to “100 Woman Who Care” to make an annual donation of \$400.00 per year, \$100.00 per quarter to local worthy causes, charities, and non-profits serving Livingston County. I also understand that, even if I am not fond of the charity chosen, I will still have to fulfill my commitment. I also understand that if I am not able to attend the quarterly meeting that I will give my check (which will also serve as my proxy vote) to another member to deliver on my behalf.

I agree to have my name listed in member directory to help women locate others within the group should they need someone else to take their check to event.

I further agree to have my photo released for any media exposure regarding the 100 Women who care about Livingston County.

Name of Charity _____ Phone _____

Your Signature

Date

Please return membership form and Organization fact sheet back to :

Email : info@100womenlivingstoncounty.org or FAX: 517-546-0546

Any questions please call: 517-204-6866