



100 WOMEN WHO CARE MILTON
Registration & Commitment Form

Commitment: With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in 100 Women Who Care Milton and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving the MILTON region. I agree to donate each quarter to the nonprofit organization selected by the group's majority vote. If I am unable to attend a quarterly meeting, I will either send my check with another attending member to deliver on my behalf, mail it as requested after the meeting, or pay online, if that option is presented. I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for 100 Women Who Care Milton.

I understand my personal contact information is strictly confidential and I understand it will not be shared or distributed to an outside third party without my expressed consent.

Member:

First Name _____ Address _____
Last Name _____ City _____ Pro _____ Zip _____
Best Phone Number _____ Email Address _____
Date _____ Signature _____

Completed Commitment Forms may be scanned and sent via e-mail to info@100womenmilton.com or forms may be completed and turned in at a meeting or completed on-line at www.100womenmilton.com (Should you wish to discontinue membership at any time after your four-time commitment, please send an e-mail to info@100womenmilton.com indicating your withdrawal.)