



COMMITMENT

I understand that I am making a commitment to 100 Women Who Care Central York Region to make an annual donation of \$400 – (\$100 at each of the four meetings) – given directly to local charities, non-profits and other worthy causes serving the Central York Region. I agree to fulfill my donation commitment even if I did not vote for the charity selected by majority vote. I also agree that I will provide my cheque to another member to deliver in my place if I am not able to attend a quarterly meeting.

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

I agree to have my contact information included in the 100 Women Who Care Central York Region Membership Directory: Yes _____ No _____
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Completed Commitment Forms may be scanned and sent via e-mail to 100womenwhocarecentrallyorkreg@centralyorkregion.com, or forms may be completed and turned in at a meeting. Should you wish to discontinue membership at any time, please send an e-mail to the above address indicating your withdrawal.

If you are making a Commitment as part of a team, each person should provide their information above and indicate how the \$100 donations will be split between them.

100 Women Who Care Central York Region thanks you for your support!