



# 100 WOMEN WHO CARE

*of the Adirondack Foothills*

## MEMBER REGISTRATION and COMMITMENT FORM

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Member Commitment: please sign**

I am making a personal commitment to make an annual donation of \$400 (\$100 at each quarterly meeting), to local charities serving those living in the Adirondack Foothills area. I understand that even if the charity chosen is not my first choice, I will donate at each meeting. If I am not able to attend the quarterly meeting I will give my check to another member to deliver to the meeting on my behalf, or I will mail my check to PO Box 1 in Johnstown immediately after the meeting.

Signature \_\_\_\_\_ Date \_\_\_\_\_