



# INDIVIDUAL COMMITMENT FORM



### Commitment:

I understand that I am making a commitment to 100+ Women Who Care O•M•Y to make an annual donation of \$400 - (\$100 at each quarterly meeting) - given directly to local charities serving the Oswego, Montgomery or Yorkville area. I understand that even if I did not vote for the charity chosen by majority vote, I will fulfill my donation commitment. I also understand that if I am not able to attend a quarterly meeting that I will provide my check to either another member to deliver or mail in advance of the meeting.

- You have my permission to publish pictures of me on Websites/Press/Internet etc.
- You have my permission to share my contact information with other group members.

First Name \_\_\_\_\_ Address \_\_\_\_\_

Last Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

Completed Commitment Forms may be scanned and sent via e-mail to [Nettie@100WWC-OMY.org](mailto:Nettie@100WWC-OMY.org) or forms may be completed and turned in at a meeting. *(Should you wish to discontinue membership at any time after your four-time commitment, please send an e-mail to the above email address indicating your withdrawal.)*

Please note: 100+ Women Who Care O•M•Y promises not to share this information with any outside party. It is for our records only.



# TEAM COMMITMENT FORM

(Only teams of 2, 3, or 4! And as a team you are allowed ONE vote.)

Team Name: \_\_\_\_\_

Responsible Team Member: \_\_\_\_\_

**Commitment:** We understand that we are making a commitment to 100+ Women Who Care O•M•Y to make an annual donation of \$400.00 per year, \$100.00 per quarter to local charities serving Oswego, Montgomery or Yorkville. We also understand that if we are not fond of the charity chosen, we will still fulfill our donation commitment. We also understand that if we are not able to attend a quarterly meeting that we will provide our check to either another member to deliver or mail in advance of the meeting.

You have our permission to publish pictures of us/my group on Websites/Press/Internet etc.

You have our permission to share contact information with other group members.

### Team Member #1:

First Name \_\_\_\_\_ Address \_\_\_\_\_  
Last Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

### Team Member #2:

First Name \_\_\_\_\_ Address \_\_\_\_\_  
Last Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

### Team Member #3:

First Name \_\_\_\_\_ Address \_\_\_\_\_  
Last Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

### Team Member #4:

First Name \_\_\_\_\_ Address \_\_\_\_\_  
Last Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

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