**100 Women Who Care Haldimand**

**Registration & Commitment Form**

I understand that I am making a commitment to 100 Women Who Care Haldimand.

Commitment:

* I pledge to donate (select one):

☐ $100 per meeting ($400 a year)

☐ $50 per meeting ($200 a year)

* I will donate each quarter to the nonprofit organization selected by the group’s majority vote
* If I am unable to attend a meeting, I will either send a cheque with another member to the meeting, mailing it as requested after the meeting, or dropping it off to a Steering committee member.
* I 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 Haldimand

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 Information:**

First Name Address

Last Name City Postal Code

Best Phone Number Email Address

Date Signature

How did you hear about 100 Women Who Care Haldimand?

Completed Commitment Forms may be scanned and sent via e-mail to 100wwcHaldimand@gmail.com or forms may be completed and turned in at a meeting. Should you wish to discontinue membership at any time after your 1-year commitment, please send an e-mail to 100wwcHaldimand@gmail.com indicating your withdrawal.