

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 Will County** to make an annual donation of \$400.00 per year, \$100.00 per quarter to local charities serving Will County area. 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/Inter	net etc.
☐ You have our permission to share contact information with other group members.	

Team Member #I: First Name	Address			
Last Name				
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				
Last Name	City	ST	Zip	
Best Phone Number	Email Address			
Date	Signature			
Team Member #4: First Name				
Last Name	City	ST	Zip	
Best Phone Number	Email Address			
Date	Signature			

Completed Commitment Forms may be scanned and sent via e-mail to <u>Maribeth@100WWC-Will.org</u> 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 Will County promises not to share this information with any outside party. It is for our records only.