



100+ WOMEN WHO CARE
Greater Sarasota est. 2018

COMMITMENT FORM

Thank you so much for your interest in this worthwhile organization.

(All information is required)

First Name _____

Last Name _____

Address: _____

City: _____ State: _____ ZIP: _____

Preferred Telephone: _____

Email Address: _____

How did you hear about 100WWC? _____

I understand I am making a commitment to 100 Women Who Care – Greater Sarasota to donate \$100 per meeting (\$200 per year) which will be given directly to local charities serving the Greater Sarasota area. I understand even if I did not vote for the charity chosen at the Voting Meeting, I will fulfill my donation commitment. I also understand if I cannot attend a meeting, I will meet my obligation by sending in a check or paying electronically through the link provided in the “Voting Meeting Results” email. My commitment will automatically renew for successive one-year periods unless written notice is given by me.

Please confirm your agreement by signing and dating below.

Signature _____

Date: _____

(Please add 100womenwhocaregreatersarasota@gmail.com to your approved email contacts.)

Checkout our website: www.100womenwhocare-greatersarasota.org

MAIL TO: Gari Baker; 9601 Castle Point Dr. #823; Sarasota, FL 34238