

Membership Consent Form



Name: _____

Street Address: _____

City, State, Zip: _____

Best Contact Phone: _____

E-mail: _____

I understand that I am making a commitment to 100 Women Who Care N.W. Suburban Chicago to make an annual donation of \$400 (\$100 donation at each of the four quarterly meetings). These donations will be made directly to local 501(c) (3) charities in the Northwest Suburban 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, I will provide my check(s) to another member to deliver to the meeting, or mail to 100 Women Who Care N.W. Suburban Chicago in advance of or after the meeting.

I understand that I must be present to vote. My commitment is for one year.

Signature

Date