

THOMPSON

Commitment Form-Group

Thank you for your interest in joining **100 Women Who Care Thompson.** Our goal is to reach a 100 members & make real changes in the lives of those living in the Thompson community through our combined donations each guarter.

We meet four times a year on the first Wednesday of March, June, and December as well as the second Wednesday of September. Meetings will run from 6:30 to 7:30.

(notification will be sent by e-mail if there is a change in date or time).

I understand that I am making a commitment to 100 Women Who Care Thompson. This commitment requires me to:

 □ Make a minimum total annual team donation of \$400 □ Attempt to attend 4 meetings per year; each meeting □ Monies will be paid directly to local Thompson chariti 	to be no longer than one hes who receive the most version	nour otes at the meetings
☐ One voting ballot per \$100 dollars, maximum team o	f 4, unless donating more t	han \$100. (due to tax receipt purposes).
I agree to fulfil my donation commitment even if I did no document for detailed information on the process. If I ammeeting with another member.	m not able to attend a mee	
Team Name & Main Contact:		
Member Name:	Signature:	
Address:		_ Postal Code:
Email:		Phone:
Member Name:	Signature:	
Address:		
Email:		Phone:
Member Name:	Signature:	
Address:		Postal Code:
Email:		Phone:
Member Name:	Signature:	
Address:		Postal Code:
Email:		Phone:

Completed Commitment Forms may be scanned and sent via email to 100womenthompson@gmail.com faxed to 204 778 6453 or submitted at a meeting. (If I no longer wish to participate as a member, I will send an email to 100womenthompson@gmail.com indicating my intention to withdraw)