

# ONE HUNDRED WOMEN *who care*

THOMPSON

## \*Commitment Form\*

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 quarter.

**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 an annual team donation of \$400 (\$100 at each of 4 meetings to 4 separate causes)
- Attempt to attend 4 meetings per year; each meeting to be no longer than one hour.
- Monies will be paid directly to local Thompson charities (non-profits or other worthy causes) who receive the most votes at the meetings

I agree to fulfil my donation commitment even if I did not vote for the charity selected. Refer to the "How We Work" document for detailed information on the process. If I am not able to attend a meeting, I agree to send my monies to the meeting with another member.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

I agree to have my contact information included in the 100 Women Who Care Thompson List:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Completed Commitment Forms may be scanned and sent via email to [100womenthompson@gmail.com](mailto: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](mailto:100womenthompson@gmail.com) indicating my intention to withdraw)