

100 (or more) Women Who Care

Benzie County

Thank you so much for your interest in the **100 (or more) Women Who Care** project. Enclosed you will find the information that you need to join this dynamic group. If you would like to join us, fill out the commitment form below and return it in the enclosed envelope at your earliest convenience. If you know of someone that may be interested but did not receive this mailing, please feel free to copy this form and share the information.

(Please Print)

Name _____

Mailing Address _____

City, State & Zip _____

Telephone: Home _____ Work _____ Cell _____

Email _____

I understand that in joining "100 (or more) Women Who Care" I am making a commitment to contribute an annual donation of \$400.00 per year (\$100.00 per quarter) to 501(c)3 non-profits serving the Benzie County area. I agree to honor my commitment even if I am not fond of the charity chosen. If I am UNABLE to attend the quarterly meeting, I will send my check to Mary Kay Stemple within 2 weeks after the scheduled meeting.

Date _____
Your Signature