



Commitment Form

Please Print

Name: _____

Street Address: _____

City, State, & Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

E-mail Address: _____

I understand that I am making a commitment to **100+ Women Who Care Elkhart** to make an annual donation of \$400 – (\$100 at each quarterly meeting) – given to the 100 Women Who Care Elkhart fund at Elkhart County Community Foundation, that will be immediately granted to worthy causes serving the Elkhart County 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 unable to attend a quarterly meeting that I will provide my check to either another member to deliver or mail in advance of the meeting.

Signature: _____ Date: _____

I agree to have my contact information included in the 100 + WWCE Membership Directory:

Yes _____ No _____

Completed forms can be filled out and turned in at the meeting. Those who were unable to attend the meeting can fill out and scan the completed form to 100WomenWhoCare@elkhartccf.org. Should you wish to discontinue membership at any time, please send an e-mail to the same address indicating your withdrawal.

*The 100 + Women Who Care Elkhart is so grateful to have you be a part of our group.
Thank you so much for your support!*