***100 Women Who Care About Lorain County***

***Team Membership Form***

***Sign Up My Team!***

Thank you so much for your interest in the **100 Women Who** **Care About Lorain County** project. If you are wish to become a member of **100 Women Who Care About Lorain County** please fill out the commitment form below and mail it to **5309 RESERVE WAY, SHEFFIELD VILLAGE OH 44054** or email to100womenloraincounty@gmail.orgor bring it to the next meeting.

 For GROUPS: teams of 2 only! Note: As a team you are allowed ONE vote.

***A Note About Privacy:*** 100 Women Who Care About Lorain County promise not to share this information with any outside party. It is for our records only.

***Get Committed…***

**TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONSIBLE PARTY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person 1:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LAST FIRST

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EMAIL ADDRESS

**Person 2:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LAST FIRST

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EMAIL ADDRESS

We understand that we are making a commitment to 100 Women Who Care About Lorain County to make an annual donation of $400.00 per year, $100.00 per quarter to local worthy charity or non-profit organization serving the Lorain County community.  We also understand that if we are not fond of the charity or non-profit organization chosen, we will still fulfill our commitment to our community.

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Signature of Person #1 Date

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Signature of Person #2 Date

 Date