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

***Individual Membership Form***

***Sign Me Up!***

Thank you so much for your interest in the **100 Women Who** **Care About Lorain County** project. If you 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 to**100womenloraincounty@gmail.com** or bring it to the next meeting.

***Get Committed…***

**LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that I am 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.  I also understand that if I am not fond of the charity or non-profit organization chosen, I will still fulfill my commitment. I also understand that if I am not able to attend the quarterly meeting I will still submit my check. I understand that I must be present at the meeting to vote.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date