

100+ Women Who Care Columbus MS Team Registration & Commitment Form

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Commitment: With our signatures below, we are agreeing that the information we provide is accurate and true. We are pledging to participate in 100+ Women Who Care Columbus MS, and we are making a "team" commitment to contribute \$100 twice a year to be distributed to local nonprofit organizations serving Columbus and Lowndes County. We understand that as a team we only get one vote. We agree to donate to the nonprofit organization selected by the group's majority vote. As a team, we understand that only \$100 checks are turned in. Therefore, it is up to us as a team to designate the team leader for the year. This person will be responsible for payment and voting. If we are unable to attend a meeting, we will either send the check with another attending member to deliver on our behalf, mail it before the meeting to 100 WWC Columbus MS, P.O.1242, Columbus, MS 39703, or donate on line through PayPal.

We understand that our personal contact information is strictly confidential, and we understand it will not be shared or distributed to an outside third party without our expressed consent. We also acknowledge that photographs and videos taken at events and meetings may include our image and may be used in promotional materials for 100+ Women Who Care Columbus MS.

ream wember # 1: (ream Leader)			
First Name	Address		
Last Name	City	State	_ Zip
Best Phone Number	Email Address		
Date	Signature		
Team Member #2:			
First Name	Address		
Last Name	City	State	Zip
Best Phone Number	Email Address		
Date	Signature		

Completed Commitment Forms may be scanned and sent via e-mail to 100wwc.columbusms@gmail.com or forms may be completed and returned by mail- to 100 WWC Columbus, MS, P.O. 1242, Columbus, MS 39703. A copy of this form may be found on our website www.100wwccolumbusms.org (Should you wish to discontinue membership after your yearly commitment, please send an e-mail to 100wwccolumbusms@gmail.com indicating your withdrawal.)