



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

**Commitment:** With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in 100+ Women Who Care Columbus MS, and I am making a personal commitment to contribute \$100 twice a year to be distributed to local nonprofit organizations serving Columbus and Lowndes County. I agree to donate to the non-profit organization selected by the group's vote. If I am unable to attend a meeting, I will either send my check with another attending member to deliver on my behalf; mail a check to 100 WWC Columbus MS, P.O. Box 1242, Columbus, MS 39703, or donate using PayPal. **MAKE ALL CHECKS PAYABLE TO 100 WWC COLUMBUS MS.**

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

### Member:

First Name \_\_\_\_\_ Address \_\_\_\_\_

Last Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Completed Commitment Forms may be sent via e-mail to [100wwc.columbusms@gmail.com](mailto:100wwc.columbusms@gmail.com) or forms may be completed and turned in at a meeting. A copy of this form may be found on our website – [www.100wwccolumbusms.org](http://www.100wwccolumbusms.org) (Should you wish to discontinue membership at any time after your yearly commitment, please send an e-mail to [100wwc.columbusms@gmail.com](mailto:100wwc.columbusms@gmail.com) indicating your withdrawal.)