



Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has. Margaret Meade

100WomenWhoCareRI.com | 100WomenWhoCareRI@gmail.com



# COMMITMENT FORM

## 1. Tell Us About Yourself!

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (mobile) \_\_\_\_\_

Email \_\_\_\_\_

Social Media profile handle(s):

LinkedIn \_\_\_\_\_

Facebook \_\_\_\_\_

Instagram \_\_\_\_\_

Workplace/ Affiliations/ Volunteer Work/Committees or Boards

How did you hear about 100+ Women Who Care RI?

Help us grow!

Do you have any skills or talents you'd like to contribute to 100 Women?

Do you have a friend you'd like us to add to our email updates?

## 2. Choose a Commitment Level

Choose a level that is right for you—you can always give above your chosen level should one of the chosen nonprofits inspire you!

**SUPPORTER: \$50 quarterly**  
*(\$200 annually)*

*Our most popular level*

**LEADER: \$100 quarterly**  
*(\$400 annually)*

**CHAMPION: \$200 quarterly or more** \_\_\_\_\_  
*(fill in amount)*

**TEAM OF TWO: \$25 quarterly per person** *(\$100 annually)*

*A team votes as one entity, with one vote allocated to each team.*

*Teams are responsible for creating consensus for the team's single vote.*

*My Team Member has also filled out a Commitment Form*

Team Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

My donation will be matched by (COMPANY NAME) \_\_\_\_\_

## 3. The Fine Print

**I understand that:**

*By joining 100+ Women Who Care, RI I am making a commitment to donate quarterly to the nonprofit selected by the membership. Membership remains active unless Steering Committee is informed otherwise.*

*As a member of 100+ Women Who Care, RI, I will donate at each meeting, even if the nonprofit chosen is not my first choice.*

*If I am unable to attend the quarterly meeting, I will donate within thirty days of the meeting following notification of the selected nonprofit.*

**New members are eligible to nominate a nonprofit after their initial donation.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for joining **100+ Women Who Care, RI** Please scan and email this form to: [100womenwhocareri@gmail.com](mailto:100womenwhocareri@gmail.com)