

CHAFFEE COUNTY WOMEN WHO CARE

COMMITMENT FORM

Name

Street Address

City, State, Zip

Contact Number _____

May we send you email messages about our meetings? _____

Email Address:

I understand that, in joining Chaffee County Women Who Care, I am making a commitment to contribute \$400.00 per year (\$100.00 per quarter) to worthy causes, charities, and serving needs in Chaffee County. I agree to honor my commitment even if I am not fond of the charity chosen. If I am not able to attend the quarterly meeting, I will give my check (which will also serve as my proxy vote) to another member to deliver on my behalf or I will mail a check to the following address within three (3) days of the quarterly meeting.

_____ Signature _____ Date

Privacy Policy: The information you share will be kept private. Non-profits to whom we donate promise not to use your contact information for further solicitations. Further, by signing this form you are agreeing to keeping confidential any information you learn through CCWWC that is proprietary or personal and should not be shared, and you agree not to use the CCWWC mailing list for personal or solicitation purposes.

Completed Commitment Forms may be

- scanned and sent via e-mail to ccwomenwhocare@gmail.com
- turned in at a meeting