



Women Who Care

300_(or more) Women Who Care

Thank you so much for your interest in the 300_(or more) Women Who Care project. If you would like to join us, fill out the commitment form below and return it in the enclosed envelope.

"300_(or more) Women Who Care"

(Please Print)

Name _____

Street Address _____

City, State & Zip _____

Telephone Home _____ Work _____ Cell _____

Email _____

I understand that in joining "300_(or more) Woman Who Care" I am making a commitment to contribute an annual donation of \$400.00 for a year (\$100.00 per quarter) for *at least one year* and hopefully more years to worthy causes, charities, and non-profits serving the Greater Holland Area. 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.

Your Signature

Date

Form: 04.14.2012

816 Maple Avenue, Holland, MI 49423