



2023 ANNUAL COMMITMENT FORM

PLEASE PRINT

Name		
Street Address		
City	State	Zip Code
Email Address		
Cell Phone	Home Phone	

- Note: Your contact information is confidential - for 100+ business only. (Please add 100WomenJC@gmail.com to your email contacts so you don't miss our messages.)

MEMBERSHIP STATUS: **SELECT ONE**

☐ I am joining as a **NEW MEMBER** ☐ I am a **RENEWING MEMBER** I was referred by/a guest of _____

As a 2023 member of 100+ Women Who Care Johnson County, you promise to make a \$500 charitable commitment.

The \$500 commitment includes your \$100 Annual Contribution to help build our 100 Women Who Care Fund at JCCF and the promise to donate \$100 to the 501(c)(3) nonprofit organization chosen as our grantee at each quarterly meeting. You also understand you are committed to the \$100 donations even if unable to attend the meetings. In addition, you agree to honor your \$100 grantee donation even if you are not fond of the organization chosen by your fellow members as our quarterly grantee.

- Note: If you join after the first quarter, you will pay your \$100 Annual Contribution and \$100 donations to the quarterly grantees chosen after you join.

2023 CONTRIBUTION PAYMENT OPTIONS: **SELECT ONE**

We accept payments by Cash, Check or Charge Card (via OneCause – transaction fee applies)

- ☐ **A. I am paying my \$100 Annual Contribution with this Commitment Form and promise to make \$100 donations to each of the grantees** chosen by my fellow 100+ Women Who Care Johnson County members at each quarterly meeting.
(If paying by check, I will make my \$100 Annual Contribution check payable to JCCF with 100+ Women Who Care Fund in the memo line. I will write my \$100 donation checks to the quarterly grantees. I will submit each grantee check in person at the meeting, send it with my Proxy or mail it to JCCF within seven (7) days after the meeting. I understand I must mail the check to JCCF and not the grantee so 100+ Women can record my payment.)
- ☐ **B. I am paying my entire \$500 Charitable Contribution with this Commitment Form so JCCF can pay my \$100 Annual Contribution to the 100 Women Who Care Fund and four \$100 donations to the chosen grantees.**
(If paying by check, I will make my \$500 check payable to JCCF with 100+ Women Who Care Fund in the memo line.)

2023 EVENT FEE PAYMENT OPTIONS: **SELECT ONE**

We accept payments by Cash, Check or Charge Card (via OneCause – transaction fee applies) **Note: Event fees are nonrefundable.**

- ☐ I choose to pay my \$15 Event Fee at the door when I attend a quarterly meeting.
- ☐ I choose to pay my quarterly \$15 Event Fee in advance for the year.

- Note: If you chose Option A above, and want to prepay the quarterly Event Fee, simply add \$60 to your \$100 contribution and pay \$160. If you chose Option B above, and want to prepay the quarterly Event Fee, simply add \$60 to your \$500 contribution and pay \$560.

BY SIGNING BELOW:

- I commit to \$500 in nonrefundable charitable contributions for 2023. This includes my \$100 Annual Contribution to the 100 Women Who Care Fund at JCCF, plus four (4) quarterly \$100 donations to each nonprofit grantee chosen quarterly by my fellow 100+ Women Who Care members. If I am joining midyear, I will pay my Annual Contribution and remaining quarterly grants.
- I understand that if I am unable to attend a quarterly meeting, I may designate another member to serve as my Proxy. She will use my check, or prepayment status, to obtain a Voting Ballot and/or Nomination Form, act on my behalf and submit my \$100 donation check made out to the chosen grantee. If I choose not to appoint a Proxy, I promise to mail my \$100 donation check, made out to the grantee, to JCCF within seven (7) days after the meeting.

Signature: _____

Date: _____

MAIL YOUR COMMITMENT, ANNUAL CONTRIBUTION AND DONATION CHECK(S) TO: JCCF/100 Women, PO Box 217, Franklin, IN 46131