



100+ Women Who Care Johnson County 2021 Commitment Form

PLEASE PRINT

Name As you want it to appear on your name badge.		
Street Address		
City	State	Zip Code
Email Address		
Cell Phone	Home Phone	

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 _____

As a 2021 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 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 quarterly donations to the grantees chosen in the quarters after you join.

2021 PAYMENT OPTIONS: SELECT ONE

We accept payments by Cash or Check only.

- A. I will submit 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.
(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 grantee. 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.)
- B. I will submit 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.**
(I will make my \$500 check payable to JCCF with 100+ Women Who Care Fund in the memo line.)

2021 EVENT FEE OPTIONS: SELECT ONE

We accept payments by Cash or Check only. Event fees are nonrefundable.

- I choose to pay my \$12 Event Fee at the door when I attend a quarterly meeting.
- I choose to pay my quarterly \$12 Event Fee in advance for the year.

Note: If you chose Option A above, and want to prepay the quarterly Event Fee, simply add \$48 to your \$100 contribution check and pay \$148. If you chose Option B above, and want to prepay the quarterly Event Fee, simply add \$48 to your \$500 check and pay \$548.

BY SIGNING BELOW:

- I commit to \$500 in nonrefundable charitable contributions for 2021. 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.
- 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 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 JCCF my \$100 donation check, made out to the chosen grantee, 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