2027 ANNUAL COMMITMENT FORM

PLEASE PRINT – Note: If any of your information is new since last year, please CHECK THIS BOX. ☐ Check indicates new information.

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

THE PROMISE: As a 100+ Women Who Care Johnson County member, you make a $500 annual charitable commitment.
The $500 commitment includes your $100 Annual Contribution to help build our 100 Women Who Care Fund at the Johnson County Community Foundation (JCCF) and $400 in grant donations - $100 each quarter - directly to the 501(c)(3) nonprofit organization chosen as the quarterly grantee. Furthermore, you commit to paying the $100 grant donations even if you can't attend the meetings and agree to honor the grantee donation commitment even if you are not fond of the organization chosen by your fellow members.
- Note: If you join after the first quarter, you will pay your $100 Annual Contribution and $100 donations to the quarterly grantees chosen at the remaining meetings.

CONTRIBUTION PAYMENT OPTIONS: Select One
We accept payments by Check or Online Credit 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 four quarterly grantees** chosen by my fellow 100+ Women Who Care Johnson County members.
(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 make my $100 donation checks payable to the quarterly grantees and submit each donation check 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 grant 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 and authorize JCCF to pay my $100 Annual Contribution to the 100 Women Who Care Fund and my 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.)

EVENT FEE PAYMENT OPTIONS: Select One
We accept payments by Cash, Check or Online Credit Card via OneCause (transaction fee applies)
Reminder: The Event Fee, which covers our room rental and refreshments, is nonrefundable.

☐ **I choose to pay my $15 Event Fee at the door when I attend a quarterly meeting.**
☐ **I choose to prepay all four quarterly $15 Event Fees ($60) in advance.**
- If you choose Option A above and want to prepay the quarterly Event Fee as well, simply add $60 to your $100 Annual Contribution, and pay $160.
- If you choose Option B above and want to prepay your quarterly Event Fees for the year, simply add $60 to your $500 contribution, and pay $560.

BY SIGNING BELOW:

- **I commit to $500 in nonrefundable charitable contributions for 2027.** This includes my **$100 Annual Contribution to the 100+ Women Who Care Fund at JCCF, plus four (4) quarterly $100 donations to the grantees chosen by my fellow 100+ Women Who Care members.** Even if I am joining after the first quarter meeting, I will pay my $100 Annual Contribution and the remaining quarterly grant donations.
- **I understand that if I am unable to attend a meeting, I may designate a 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 payment as required.
  If I choose not to appoint a Proxy, I still promise to pay my $100 grantee donation by credit card via OneCause or mail my $100 donation check, made out to the grantee, to JCCF within seven (7) days after the meeting.

Signature: **Date:**

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