



100+ Women Who Care *Greater Venice*

COMMITMENT FORM

Thank you so much for your interest in this worthwhile organization.

(All information is required)

First Name _____

Last Name _____

Address: _____

City: _____ State: _____ ZIP: _____

Preferred Telephone: _____

Email Address: _____

Friend in 100 WWC Greater Venice: _____

I understand I am making a commitment to 100 Women Who Care Greater Venice to donate \$100 per meeting (\$200 per year) which will be given directly to local charities serving the South Sarasota & Charlotte County communities. I understand even if I did not vote for the charity chosen by a plurality vote at the meeting, I will fulfill my donation commitment. I also understand if I cannot attend a meeting, I will provide my check to another member to deliver or will mail in my check upon receipt of the "Announcement of Award" email which will be sent at the conclusion of the meeting.

My commitment will automatically renew for successive one year periods unless written notice is given by me.

Please confirm your agreement by signing and dating below.

Signature _____

Date: _____

(Please add 100womenwhocaregreatervenice@gmail.com to your approved email contacts.)

Our website: www.100womenwhocaregreatervenice.org

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