



TEAM COMMITMENT FORM

(Only teams of 2, 3, or 4! And as a team you are allowed ONE vote.)

Team Name: _____

Responsible Team Member: _____

Commitment: (please have each team member initial on each line)

1____ 2____ 3____ 4____ We understand that we are making a commitment to **100+ Women Who Care O•M•Y** to make an annual team donation of \$400.00 per year, \$100.00 per quarter to local charities serving Oswego, Montgomery or Yorkville. As a team, we are responsible for doing the math --- **only \$100 checks are turned in.** Therefore, it is up to us as a team to figure out the rotation of who is actually writing the \$100 check to that quarter's charity. We also understand that if we are not fond of the charity chosen, we will still fulfill our donation commitment. AND if we are not able to attend a quarterly meeting that we will provide our check to either another member to deliver or mail immediately following the meeting.

1____ 2____ We also understand that we are responsible to make an **annual \$20 contribution** to cover any
3____ 4____ administrative expenses (web hosting, printing, etc.) the chapter incurs. (Cash or check to Nettie Badgley)

1____ 2____ 3____ 4____ You have our permission to publish pictures of us/my group on Websites/Press/Internet etc.

1____ 2____ 3____ 4____ You have our permission to share contact information with other group members.

Team Member #1:

Name _____

Address _____ City _____ ST _____ Zip _____

Cell Number _____ Email Address _____

Home Number _____ Signature _____

Team Member #2:

Name _____

Address _____ City _____ ST _____ Zip _____

Cell Number _____ Email Address _____

Home Number _____ Signature _____

Team Member #3:

Name _____

Address _____ City _____ ST _____ Zip _____

Cell Number _____ Email Address _____

Home Number _____ Signature _____

Team Member #4:

Name _____

Address _____ City _____ ST _____ Zip _____

Cell Number _____ Email Address _____

Home Number _____ Signature _____

Completed Commitment Forms may be scanned and sent via e-mail to Nettie@100WWC-OMY.org or forms may be completed and turned in at a meeting. (Should you wish to discontinue membership at any time after your four-time commitment, please let your team leader know right away, so she can find a substitute.)

Please note: 100+ Women Who Care O•M•Y promises not to share this information with any outside party. It is for our records only.