



# TEAM COMMITMENT FORM

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

**Responsible Team**

**Member/Leader:** \_\_\_\_\_

**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: 1. Scanned and sent via e-mail to [Nettie@100WWC-OMY.org](mailto:Nettie@100WWC-OMY.org) or 2. Mailed to Nettie along with check(s). Please email above for mailing address. or 3. Turned in at an upcoming 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.

Find us on Facebook! ★ [WWW.100WWC-OMY.ORG](http://WWW.100WWC-OMY.ORG) ★ [Nettie@100WWC-OMY.org](mailto:Nettie@100WWC-OMY.org)