



**100 Women Who Care NoVa and LoCo
Registration & Commitment Form**

Please select:

- NoVa Chapter Loudoun County Chapter

NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
PHONE	
EMAIL	

With my signature below, I am agreeing that the information I provide above is accurate and true. I am pledging to participate in 100 Women Who Care, and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving the Northern Virginia and Loudoun County region. I agree to donate each quarter to the nonprofit organization selected by the group's majority vote. If I am unable to attend a quarterly meeting, I will either send my check with another attending member to deliver on my behalf, mail it as requested after the meeting, or pay online, if that option is presented. I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for 100 Women Who Care NoVa, 100 WWC LoCo and/or 100 Who Care Alliance.

signature

date

I understand my personal contact information is strictly confidential and I understand it will not be shared or distributed to an outside third party without my expressed consent. I understand that 100 WWC NoVa and 100 WWC LoCo may choose to publish a Membership Directory and if so, I agree that my contact information be included in that directory. Yes _____ No _____

