



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

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 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 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 may choose to publish a Membership Directory and if so, I agree that my contact information be included in that directory.
Yes _____ No _____

