**Commitment Form**

By **completing** this **Commitment Form** I understand that I am making a commitment to 100 Women Who Care of Kings County, to make a $100.00 donation at each of four meetings, to be given directly to local charities and non-profit organizations serving the communities of Kings County, New Brunswick. I agree to fulfill my donation commitment even if I did not vote for the charity selected by majority vote. I also agree that I will provide my cheque (or cash) to another member to deliver in my place if I am not able to attend a quarterly meeting.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NB Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below I commit to four consecutive meetings of donations with **100 Women Who Care of Kings County.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to my information being stored in the 100 Women Who Care of Kings County database. We will not sell or misuse your information.

\_\_\_\_\_\_\_ Yes

\_\_\_\_\_\_\_ No

**Completed Commitment Forms** may be scanned and sent via e-mail to 100womenwhocarekingscounty@gmail.com turned in at a meeting or mailed to:

Sally Kierstead

337 Marshall Hill Road

Wards Creek, NB

E4E4N3

**100 Women Who Care of Kings County thanks you for your support!**