



100 Women Who Care

Beaufort Chapter

Thank you so much for your interest in **100 Women Who Care**. If you intend to become a member, please fill out this commitment form.

100 Women Who Care

(Please Print)

Name _____

Street Address _____

City, State & Zip _____

Telephone H: _____ W: _____ C: _____

E-mail _____

I understand that I am making a commitment to “100 Women Who Care” to make an annual donation of \$400.00 per year, \$100.00 per quarter, to worthy causes, charities and non-profits serving the Beaufort area. I also understand that, even if I am not fond of the charity chosen, I will still have to fulfill my commitment. I also understand that if I am not able to attend the quarterly meeting that I will give my check to another member to deliver on my behalf or mail it as soon as possible following the meeting.

Please mail this form to the address below.

Your signature _____