



Women
WHO CARE
Branch
COUNTY

Commitment Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I understand that in joining Women Who Care of Branch County I am making a commitment to contribute an annual donation of \$400 for at least one year (\$100 per quarterly meeting) to worthy causes, charities, and non-profits serving the Branch County area.

Signature

Date

Please initial the following:

_____ I agree to honor my commitment even if I am not fond of the charity chosen.

_____ I understand if I am not able to attend the quarterly meeting I will give my check (which will serve as a proxy) to another member to deliver on my behalf.

_____ I agree if I am unable to send my check with another member, I will be notified of the selected charity. Once notified, I will submit my check within 5 business days (written to the charity) to Women Who Care c/o Nichols Accounting, 50 Division Street, Coldwater, MI 49036