

100+ Women Who Care Kansas City



(Please Print)

Name _____

Street Address _____

City, State & Zip _____

Telephone _____

Email (for meeting notifications) _____

How did you hear about us? _____

Name of referring member _____

Signature _____ Date _____

I understand that I am making a commitment to **100+ Women Who Care KC** to make an annual donation of \$400 (\$100 donation at each of four quarterly meetings). These donations will be made directly to local 501(c)(3) charities in the Kansas City Metro area. No money is donated to 100+ Women Who Care KC.

I understand that even if I cannot attend a quarterly meeting, I will fulfill my donation commitment within 2 weeks of the meeting date. Payment options:

- Subscribing to recurring online credit card payment through Growfund (preferred method of payment)
Link to payment: <https://bit.ly/2Vxz3Wd>
- Send your cash or check with a member attending the quarterly meeting
- Mail your cash or check (written directly to the charity) to:
100+ Women Who Care
5451 Rosewood St. Roeland Park, KS 66205

My commitment will automatically renew, for successive one-year periods, unless notice is given to 100womenkc@gmail.com. Agreeing to this is an honor pledge, not a legal agreement.

I agree to have my name and photo released for any media exposure regarding **100+ Women Who Care KC**.

100+ Women Who Care KC promises not to share this information with any outside party. It is for our records only.

Please return membership form to: 100womenkc@gmail.com