



Registration & Commitment Form

Commitment:

With my signature of this form, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in 100 Women Who Care – Bennington, and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving the Bennington community. 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 OR will drop my check off at one of the participating drop-off locations. 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 – Bennington.

Member Information:

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.

If 100 Women Who Care - Bennington chooses to publish a Membership Directory, I agree that my contact information be included in that directory. Yes ___ No ___

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____

Completed Commitment Forms can be turned in at meetings or mailed into the address below. Should you wish to discontinue your membership at any time after your four-time commitment, please send a notification in writing indicating your withdrawal.

100 Women Who Care
c/o Mindy Helfrich
7714 N 158th St
Bennington, NE 68007
100wcbennington@gmail.com