

**100+**  
**WOMEN**  
**WHO**  
**CARE**  
VAN BUREN



**WE GIVE AWAY \$10,000 IN ONE HOUR!**



**We put the  
charities in a box**



**We pull 3 names  
and hear about them**



**We select 1 charity  
to receive 100  
\$100 checks**

### **Commitment Form**

Thank you for your interest in the Women Who Care project. If you would like to join us, fill out the information below and return it to the address/fax at the bottom.

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

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

**Telephone:** \_\_\_\_\_

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

I understand that by joining 100+ Women Who Care that I am willing to contribute an annual donation of \$400 (\$100 per quarter) to worthy causes, charities and non-profits serving Van Buren County. I agree to honor my commitment even if I am not fond of the charity chosen. If I am not able to attend the quarterly meeting, I will give my check (which will serve as my proxy vote) to another member to deliver on my behalf.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Return form to:**

Mail:  
179 W. Michigan Ave., Suite 3  
Paw Paw, MI 49079

Fax: 1-888-397-8240