

## Women Who Care of Kent County Registration & Commitment Form

**Commitment:** With my signature below, I am ***pledging*** to participate in Women Who Care of Kent County, and I am making a ***personal commitment*** to contribute \$400 each calendar year (\$100 quarterly) to local non-profit organizations serving the Kent County Area. I agree to donate each quarter to the non-profit 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 mail it as requested after the meeting.

***I understand that my membership in Women Who Care of Kent County will be cancelled if I do not contribute as pledged.***

- I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for Women Who Care of Kent County.
- 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.

**Member:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Completed Commitment Forms may be scanned and sent via e-mail to [womenwhocare.wm@gmail.com](mailto:womenwhocare.wm@gmail.com), or forms may be completed and turned in at a meeting, (Should you wish to discontinue membership at any time, please send an e-mail to [womenwhocare.wm@gmail.com](mailto:womenwhocare.wm@gmail.com) indicating your intent to withdraw.

