

Membership Commitment Form

Welcome to 100 Women Who Care Brighton! The information below is required in order to register your membership and issue tax receipts. Your information will NOT be shared.

Please send your completed form to Rachel at admin@100womenbrighton.com or mail it to:

Rachel Young c/o Innovex
P.O. Box 999, Brighton ON, K0K 1H0



Member Information (all fields are required)

Name: _____

Phone: _____

Email: _____

Mailing address: _____

- I give 100 Women Who Care Brighton permission to contact me via e-mail.
- I will be paying my annual donation in full with one payment of \$200.
- I will be paying my annual donation in four instalments of \$50.
- I would like to give more than \$50 per meeting. My total donation will be _____.

Donations can be made in advance or at your first meeting. Please make cheques payable to **Local Food for Local Good (earmarked 100 Women Brighton)**.

In becoming a 100 Women Who Care Brighton member, I agree to and understand that:

- I am making a commitment to 100 Women Who Care Brighton to make a quarterly donation of \$50 as part of a larger, collective grant which will be given directly to local charities in the Colborne-Brighton-Trenton area.
- I will fulfill my donation commitment even if I did not vote for the charity selected by majority vote.
- I will fulfill my donation commitment even if I am not able to attend a quarterly meeting by making my gift ahead of time or sending my cheque with another member.
- I give permission to 100 Women Who Care Brighton to use photos that I am in on www.100womenbrighton.com.
- I give permission to 100 Women Who Care Brighton to use my name on www.100womenbrighton.com only if my nominated charity is awarded a grant.

Signature: _____

Date: _____

In aligning ourselves with the purpose and model of 100 Women Who Care, this information has been adapted from the Northumberland chapter, 100 Women With Heart.