# 100 Women Who Care NoVA
# Registration & Commitment Form

| | |
|---|---|
| **NAME** | |
| **STREET ADDRESS** | |
| **CITY, STATE, ZIP** | |
| **PHONE** | |
| **EMAIL** | |

With my signature below, I am agreeing the information I provide above is accurate and true. I am pledging to participate in 100 Women Who Care, and I am making a personal commitment to contribute $400 each calendar year ($100 quarterly) to local non-profit organizations servicing the Northern Virginia region. 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, mail it as requested the meeting, or pay on line, if that option is presented. I also acknowledge photographs and videos taken at events and meetings may include my image and may be used in promotional materials for 100 Women Who Care NoVA and/or 100 Who Care Alliance.