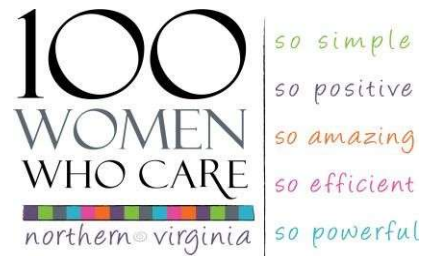


100 Women Who Care NoVA

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.

