



Membership Form

Thank you for your interest in joining **100+ Women Who Care Charlotte**. Our members are making real changes in the lives of those living in the Charlotte community through our combined donations each quarter.

We meet four times a year on the first Thursday of March, June, September, and December, from 7:00 – 8:00 pm.

Please complete the information below and bring it to the next meeting or email it to lauramcgaha@gmail.com.

Name _____

Address _____

City, State, Zip _____

Phone: _____

E-mail: _____

I am making a personal commitment to donate \$400 each year, \$100 at each quarterly meeting, to charities serving those in need. I understand that even if the charity chosen is not my first choice, I will donate at each meeting. If I am not able to attend the quarterly meeting I will give my check to another member to deliver to the meeting on my behalf, or I will mail my check after the meeting.

Signature

Date

www.100womenwhocarecharlotte.webs.com