



PUEBLO WEST WOMEN WHO CARE Registration & Commitment Form

Commitment:

With my signature below, I agree that the information I provide below is accurate and true. I am pledging to participate in The Pueblo West Women Who Care, and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving the Pueblo West region. I agree to donate quarterly 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 after the meeting, or pay online, if that option is presented. I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for Pueblo West Women Who Care.

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. If The Pueblo West Women Who Care chooses to publish a Membership Directory, I agree that my contact information be included in that directory.

Yes No

Member:

First Name _____ Last Name _____

Address _____

Best Phone Number _____ Email _____

Signature _____ Date _____

Completed commitment forms may be scanned and sent via e-mail to PWWLInfo@gmail.com or forms may be completed and turned in at a meeting. Should you wish to discontinue membership at any time after your 4-time commitment, please send an e-mail to PWWLInfo@gmail.com indicating your withdrawal.