



## 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. I am committing to make my donation to the winning charity at each event, even if the chosen charity is not the one I voted for. If I am unable to attend a quarterly meeting, I will either send our check with another attending member to deliver on our 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.

\_\_\_\_\_ I certify that I am not employed by a non-profit or charity that serves Pueblo West or Pueblo County.

### Member:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed commitment forms may be scanned and sent via e-mail to [PWVLIInfo@gmail.com](mailto:PWVLIInfo@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 [PWVLIInfo@gmail.com](mailto:PWVLIInfo@gmail.com) indicating your withdrawal.