



PUEBLO WEST WOMEN WHO CARE Team Registration & Commitment Form

Commitment: With our signatures below, we agree that the information we provide below is accurate and true. We are pledging to participate in The Pueblo West Women Who Care, and we are making a “team” commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving the Pueblo West region. We agree to donate quarterly to the nonprofit organization selected by the group’s majority vote. We are committing to make my donation to the winning charity at each event, even if the chosen charity is not the one we voted for. As a team, we understand that only \$100 checks are turned in. Therefore, it is up to us as a team to figure out the rotation of who is actually making the \$100 donation to that quarterly meeting’s charity. If we are unable to attend a quarterly meeting, we 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. We also acknowledge that photographs and videos taken at events and meetings may include our image and may be used in promotional materials for Pueblo West Women Who Care.

_____ We understand that our personal contact information is strictly confidential, and we understand it will not be shared or distributed to an outside third party without our expressed consent. If The Pueblo West Women Who Care chooses to publish a Membership Directory, we agree that our contact information be included in that directory.

_____ We certify that we are not employed by a non-profit or charity that serves Pueblo West or Pueblo County.

Team Member #1:

First Name _____ Last Name _____

Address _____

Best Phone Number _____ Email _____

Signature _____ Date _____

Team Member #2:

First Name _____ Last Name _____

Address _____

Best Phone Number _____ Email _____

Signature _____ Date _____

Team Member #3:

First Name _____ Last Name _____

Address _____

Best Phone Number _____ Email _____

Signature _____ Date _____

Team Member #4:

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.