

## Pickaway County 100+ Women Who Care

### Registration and Commitment Form



**Commitment:** By signing below, I am agreeing that the information provided is accurate and true. I am pledging to participate in the Pickaway County 100+ Women Who Care.

I am making a personal commitment to contribute \$200 each calendar year (\$100 semi-annually) to local non-profit organizations or funds serving Pickaway County. I agree to donate semi-annually to the non-profit organization or fund selected by the group's majority vote.

If unable to attend a semi-annual meeting, I will either send my check with another attending member to deliver on my behalf, or mail it as requested after the meeting.

I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for Pickaway County 100+ Women Who Care.

#### Member Contact Information:

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

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

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

I understand my personal contact information is strictly confidential and will not be shared or distributed to an outside third party without my expressed consent. If Pickaway County 100+ Women Who Care chooses to publish a membership directory, I agree that my contact information be included in that directory.

\_\_\_\_\_ Yes

\_\_\_\_\_ NO

Completed forms may be scanned and sent via email to PCCF at [info@yourpccf.org](mailto:info@yourpccf.org) or mailed to the Pickaway County Community Foundation, 770 North Court Street, Circleville, OH 43113.

Should you wish to discontinue membership at any time after your first year of two commitments, please send an email to PCCF indicating your withdrawal.