



*Women*  
**WHO CARE**  
 POLK • BURNETT

**100 Women Who Care - Polk/Burnett**

PO Box 624

Siren, WI 54872

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www.100wwc-pb.weebly.com

## Membership Form

Thank you for your interest in joining **100 Women Who Care - Polk/Burnett**. We look forward to making real changes in the lives of those living in Polk and Burnett counties through our combined quarterly donations.

We meet four times a year on the second Wednesday of February, May, August and November. Registration/social time will begin at 5:30 pm and the meeting will be held from 6:00 - 7:00 pm.

Please complete the information below and return this form via email or regular mail to the addresses above. You can also bring your completed form to the next meeting during the registration time, however registering in advance is recommended.

Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Address (optional): \_\_\_\_\_

\_\_\_\_\_

How did you hear about this group? \_\_\_\_\_

**I am making a personal commitment to donate \$400 each year, \$100 at each quarterly meeting, to charities serving those living in Polk and Burnett counties. 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 do my best to give my check to another member to deliver to the meeting on my behalf. I will hold the Founding Members harmless of any liability related to the charities chosen.**

Signature

Date