



## Membership Form

Thank you so much for your interest in joining **100 Women Who Care Marion, Ohio**. Please fill out the form below. The information is needed for planning purposes for the meetings and for labels to give to the organizations that will receive the donations. Return the form by e-mailing it to [membership@100womenwhocaremarion.org](mailto:membership@100womenwhocaremarion.org) or by mailing it to Lisa Cudd, 217 Forest Lawn Blvd, Marion, Ohio 43302. You may also bring it to the meeting.

We meet four times a year on the first Monday of February, May, August, and November. Mingling and networking start at 5:30 p.m. and the meeting is from 6:00 – 7:00 pm. Your membership in this organization is a valuable asset to our Marion community. Together we can make an impact through four one-hour meetings a year with a donation of \$100 each meeting!

Thanks for being a **woman who cares!**

Please visit [www.100womenwhocaremarion.org](http://www.100womenwhocaremarion.org) for more information and the location of the meetings.

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**I understand if I choose to participate in 100 Women Who Care, I am making a personal commitment to donate \$400.00 each year, \$100 each quarterly meeting, to charities/non-profits/worthy causes serving the Marion County area. I understand that, even if the charity chosen is not my first choice, as a member I will donate at each meeting. I understand that if I am not able to attend the quarterly meeting I will give my check, to another member, who will also serve as my proxy vote, to deliver at the meeting on my behalf.**

**You have my permission to publish pictures of me on the 100 Women Who Care website or Facebook page.**

**You DO NOT have my permission to publish pictures of me on the 100 Women Who Care website or Facebook page.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date