



Membership Form

Thank you for your interest in joining 100+ Women Who Care Mat-Su. Our members are making real changes in the lives of those living in the Mat-Su community through our combined donations each quarter.

Please complete the information below and bring it to the next meeting or complete the online form.

Name _____

Address _____

City,State,Zip _____

Phone: _____

E-mail: _____

I am making a personal commitment to donate \$400 each year, \$100 at each quarterly meeting, to charities serving those living in the Mat-Su Borough area. 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 give my check to another member to deliver to the meeting on my behalf, or I will mail my check after the meeting.

Signature

Date