



COMMITMENT FORM

Thank you so much for your interest in joining **The Power of 100 People Who Care – Corvallis/Benton County** chapter. Together, we will make an extraordinary impact in our community. To become a member, please complete this form.

Name: _____

Address: _____

Phone: _____

Email: _____

By completing this Commitment Form, I understand that I am pledging to participate in **The Power of 100 People Who Care of Corvallis/Benton County** and to make a \$100 donation at each quarterly meeting which will be given directly to a local, 501(c)(3) charity serving Corvallis/Benton County. I agree to fulfill my donation commitment even if I did not vote for the charity selected by majority member vote at the meeting. If I am unable to attend a meeting, I agree that I will either send my check with another member to deliver on my behalf or I will deliver the check to a chapter Steering Team member within two weeks after the meeting (email powerof100pwc@gmail.com to make arrangements).

By signing below I commit to four (4) consecutive meetings of donations with The Power of 100 People Who Care of Corvallis/Benton County.

Signature: _____

I consent to my information being stored in the Power of 100 People Who Care of Corvallis/Benton County group database. Information captured will not be sold, shared or misused by this Chapter.

Yes No

Completed form should be scanned and sent via email to powerof100pwc@gmail.com.

Or, it may be brought to your first meeting.

The Power of 100 People Who Care thanks you for your support!