



# *Power of 100*

*Southwest ♥ Women Who Care*

## **Membership Form**

Please Print:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

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

How did you learn about the Power of 100? \_\_\_\_\_

I understand that I am making a commitment to **Power of 100 Southwest - Women Who Care** to make an annual donation of \$400 (\$100 at each meeting) given directly to local non-profit charities serving Minnesota. I understand that even if I did not vote for the charity selected by the majority vote, I will fulfill my donation commitment. I also understand that if I am not able to attend a meeting, I can provide my check to another member to deliver on my behalf. Members not in attendance will be notified via email and can also mail a check within three days to an address provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed Membership Forms may be scanned and sent via email to **info@powerof100southwest.com**, or forms may be completed and turned in at a meeting. Should you wish to discontinue membership at anytime, please send an email to the above address indicating your withdrawal from participation.

***Power of 100 Southwest thanks you for your support!***

Learn more at [www.powerof100southwest.com](http://www.powerof100southwest.com)  
Email us at [info@powerof100southwest.com](mailto:info@powerof100southwest.com)