

100 Women Who Care Santa Fe

2024 4-Member Team Membership Form

Team Member #1

Name:

Street Address:

City, State, Zip Code:

Email Address (please print clearly):

Phone Number:

I understand that I am making a commitment to 100 Women Who Care Santa Fe for an annual donation of \$100 (\$25 at each quarterly meeting) and that my check will be written directly to the winning Santa Fe-based non-profit organization. I understand that even if I did not vote for the non-profit chosen by majority vote, I will fulfill my donation commitment. I also understand that if I am unable to attend the quarterly meeting, I will mail my check promptly after the meeting to:

Katie Rountree
7 Chusco Rd.
Santa Fe, NM 87508

Signature:

Date:

- ☐ Please check here if you are including a donation for administrative staff support.
(Suggested annual donation is \$12 for 4-Member Team - make check payable to 100 Women Who Care Santa Fe.)

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2024 4-Member Team Membership Form **Page 2**

Team Member #2

Name:

Street Address:

City, State, Zip Code:

Email Address (please print clearly):

Phone Number:

I understand that I am making a commitment to 100 Women Who Care Santa Fe for an annual donation of \$100 (\$25 at each quarterly meeting) and that my check will be written directly to the winning Santa Fe-based non-profit organization. I understand that even if I did not vote for the non-profit chosen by majority vote, I will fulfill my donation commitment. I also understand that if I am unable to attend the quarterly meeting, I will mail my check promptly after the meeting to:

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Signature:

Date:

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Team Member #3

Name:

Street Address:

City, State, Zip Code:

Email Address (please print clearly):

Phone Number:

I understand that I am making a commitment to 100 Women Who Care Santa Fe for an annual donation of \$100 (\$25 at each quarterly meeting) and that my check will be written directly to the winning Santa Fe-based non-profit organization. I understand that even if I did not vote for the non-profit chosen by majority vote, I will fulfill my donation commitment. I also understand that if I am unable to attend the quarterly meeting, I will mail my check promptly after the meeting to:

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7 Chusco Rd.
Santa Fe, NM 87508

Signature:

Date:

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2024 4-Member Team Membership Form

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Team Member #4

Name:

Street Address:

City, State, Zip Code:

Email Address (please print clearly):

Phone Number:

I understand that I am making a commitment to 100 Women Who Care Santa Fe for an annual donation of \$100 (\$25 at each quarterly meeting) and that my check will be written directly to the winning Santa Fe-based non-profit organization. I understand that even if I did not vote for the non-profit chosen by majority vote, I will fulfill my donation commitment. I also understand that if I am unable to attend the quarterly meeting, I will mail my check promptly after the meeting to:

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7 Chusco Rd.
Santa Fe, NM 87508

Signature:

Date:

- ☐ Please check here if you are including a donation for administrative staff support.
(Suggested annual donation is \$12 for 4-Member Team - make check payable to 100 Women Who Care Santa Fe.)