



## 2026 ANNUAL COMMITMENT FORM

**PLEASE PRINT**

Name		
Street Address		
City	State	Zip Code
Email Address		
Cell Phone	Home Phone	

*Note: Your contact information is confidential - for 100+ business only. (Please add [info@cfmconline.org](mailto:info@cfmconline.org) to your email contacts so you don't miss our messages.)*

**THE PROMISE:** As a 100+ Women Who Care Morgan County member, you make a \$500 annual charitable commitment.

The \$500 commitment includes your \$100 Annual Contribution to help build our 100 Women Who Care Fund at the Morgan County Community Foundation (CFMC) and \$400 in grant donations - \$100 each quarter - directly to the 501(c)(3) nonprofit organization chosen as the quarterly grantee. Furthermore, you commit to pay the \$100 donations even if you can't attend the meetings and agree to honor the grantee donation commitment even if you are not fond of the organization chosen by your fellow members.

*- Note: If you join after the first quarter, you will pay your \$100 Annual Contribution and \$100 donations to the quarterly grantees chosen at the remaining meetings.*

**CONTRIBUTION PAYMENT OPTIONS: Select One**

We accept payments by Check or Online Credit Card via Stripe

A. I am paying my \$100 Annual Contribution with this Commitment Form and promise to make \$100 donations to each of the four quarterly grantees chosen by my fellow 100+ Women Who Care Morgan County members.  
 (If paying by check, I will make my \$100 Annual Contribution check payable to CFMC with 100+ Women Who Care Fund in the memo line. I will make my \$100 donation checks payable to the quarterly grantees and submit each donation check at the meeting, send it with my Proxy or mail it to CFMC within seven (7) days after the meeting. I understand I must mail the grant check to CFMC, and not the grantee, so 100+ Women can record my payment.)

B. I am paying my entire \$500 Charitable Contribution with this Commitment Form and authorize CFMC to pay my \$100 Annual Contribution to the 100 Women Who Care Fund and my four \$100 donations to the chosen grantees.  
 (If paying by check, I will make my \$500 check payable to CFMC with 100+ Women Who Care Fund in the memo line.)

**BY SIGNING BELOW:**

- I commit to \$500 in nonrefundable charitable contributions for 2025. This includes my \$100 Annual Contribution to the 100 Women Who Care Fund at CFMC plus four (4) quarterly \$100 donations to the grantees chosen by my fellow 100+ Women Who Care members. Even if I am joining midyear, I will pay my \$100 Annual Contribution and the remaining quarterly grant donations.
- I understand that if unable to attend a meeting, I may designate a member to serve as my Proxy. She will use my check, or prepayment status, to obtain a Voting Ballot and/or Nomination Form, act on my behalf and submit payment as required. If I choose not to appoint a Proxy, I still promise to pay my \$100 grantee donation by credit card via [www.cfmconline.org](http://www.cfmconline.org) or mail my \$100 donation check, made out to the grantee, to CFMC within seven (7) days after the meeting.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL YOUR COMMITMENT FORM, ANNUAL CONTRIBUTION AND DONATION CHECK(S) TO:** CFMC/PO Box 1413, Martinsville, IN 46151