



Membership Form

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

We meet four times a year on the first Wednesday of March, June, September, and December, from 6:30 – 7:30 pm.

Please complete the information below and bring it to the next meeting, or send it by fax to 831-688-8181, by mail to Mary Talpas, 3100 Fairway Drive, Soquel CA 95073, or by email to marytalpas831@gmail.com.

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 Santa Cruz county 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

www.100wwc.org