



719 East Main Street
Ashland, WI 54806

100 Who Care Sawyer County Registration & Commitment Form

Please return by mail to address above or email to mrekemeyer@nlccwi.org

Commitment: With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in 100 Who Care Sawyer County. I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local 501c3 nonprofit organizations. I understand that one of the yearly quarters, my donation will go directly to one of NorthLakes' programs.

All organizations and programs must serve the Sawyer County region. I agree to donate each quarter to the nonprofit organization selected by the group's majority vote. If I am unable to attend a quarterly meeting, I will either send my check with another attending member to deliver on my behalf, mail it as requested after the meeting, or pay online, if that option is presented. The nonprofit is counting on my donation, so I will do that within 30 days of the meeting. Checks are made payable and presented directly to the organization with the most votes and/or mailed directly to that organization if I am not present.

I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for 100 Who Care Sawyer County. _____

or

I do not want any photos taken or images used in promotional materials _____

I understand my personal contact information is strictly confidential and I understand it will not be shared or distributed to an outside third party without my expressed consent

Member:

First Name _____

Last Name _____



719 East Main Street
Ashland, WI 54806

Address _____

City _____ ST _____ Zip _____

Best Phone #/Text # _____ (Indicate if text)

Email Address _____

Date _____ Signature _____

Send Completed Commitment Form along with Nominations Forms to
mrekemeyer@nlccwi.org. If you have any questions, please call Madelaine at 651.792.5534



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