

## 100 Who Care Ashland & Bayfield Counties Registration & Commitment Form

Please email back to mrekemeyer@nlccwi.org

First Name\_\_\_\_

Address

**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 Ashland & Bayfield Counties and I am making a personal commitment to contribute \$300 each calendar year to local nonprofit organizations.

All organizations and programs must serve the Ashland & Bayfield Counties region. I agree to donate to the nonprofit organization selected by the group's majority vote. If I am unable to attend a 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 or proxy vote. Proxy Voting is through the NorthLakes website (100 Who Care Ashland & Bayfield Counties) The nonprofits are counting on your commitment.

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 Ashland Bayfield Counties.
or [I do not want any photos taken or images used in promotional materials
I understand my personal contact information is strictly confidential and members may opt out of the chosen organization's database.
*Member: (If you are a household and signing up as one member, include both names. If one household and signing up as two members, please use two commitment forms).

City		_ ST	_Zip	
Best Phone #/Text #				(Indicate if text)
Email Address				
Date	Signature	2		

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