



100 Men Who Care - Jacksonville

Membership Information

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Mailing Address: _____

Which member can we thank for referring you? _____

☐ I understand that I am making a personal commitment to 100+ Men Who Care - Jacksonville to donate \$100 quarterly to the not-for-profit charity chosen by the majority of members. I agree that I will make each payment at each meeting. I understand if I elect to use our chosen payment system, Grapevine, I will be responsible for any processing fees to ensure the chosen charity receives the full \$100 payment. Alternatively, I can pay the charity directly by check. I understand that my information will never be sold or shared with others outside our team.

Signature

Date