

MODEL CLUB APPLICATION AND COMMITMENT FORM

Our club accepts the challenge to become a Model Club:

Club name: _____

Club number: _____ Division: _____ District: _____

Model Club commitment:

In support of The Eliminate Project and the efforts to eliminate maternal/neonatal tetanus, our club agrees to become a Model Club with the commitment to The Eliminate Project's fundraising campaign described below. By signing the Model Club commitment form, our club commits to fulfill this pledge within a five year period.

Total club membership: _____ Total amount of gift/pledge: US\$ _____

Authorized signature

Date

Club contact information:

First name: _____ Last name: _____

Member #: _____

Address: _____

City: _____ State / Province: _____ Postal Code _____ Country _____

Telephone: Home: _____ Office: _____

Mobile: _____ Fax: _____

E-mail: _____

Please return via email, mail or fax to:
The Eliminate Project: Campaign Office
3636 Woodview Trace, Indianapolis, IN 46268 USA
Phone: +1-317-217-6213 • Fax: +1-317-471-8323
campaign@TheEliminateProject.org
www.TheEliminateProject.org