



National Council of Negro Women, Inc.
Bethune/Height Recognition Program

INDIVIDUAL COMMITMENT FORM

Date: _____ Section/Guild/Affiliate: _____

Section Team Leader: _____ Phone: _____

PLEASE PRINT LEGIBLY ON ALL FORMS.

Name (as it will appear on your award): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (Home) _____ (Work) _____

MY GOAL IS TO:

- Become an Achiever \$300.00
- Become an Achiever \$500.00
- Become an Achiever \$1,000.00
- Become a Life Member \$500.00
- Become a Legacy Life Member \$1,000.00

HOW DO YOU PLANTO DO IT?

- Sell Raffles
- "Do my own thing"
- Make a contribution
- Donations from Brown Box

Signature: _____ 

PLEASE NOTE:

You cannot become a Life/Legacy Life Member by selling raffles or donations through your Brown Box. If you have previously made a Life or Legacy Life payment, please indicate below:

Date: _____ **and Amount:\$** _____

THE BETHUNE/HEIGHT ACHIEVEMENT AWARD will be presented to each person who reaches the \$300.00, \$500.00 or \$1,000.00 plateau.

LIFE MEMBERS THROUGH THE BETHUNE/HEIGHT RECOGNITION PROGRAM will receive the Life Member Certificate.

LEGACY LIFE MEMBER THROUGH THE BETHUNE/HEIGHT RECOGNITION PROGRAM will receive the Dr. Dorothy I. Height Legacy Life Member Plaque.

Please make all checks payable to: National Council of Negro Women, Inc. - B-H-P
Please return (2) copies of this form to: The General Committee Chairperson