

WISCONSIN PARKINSON ASSOCIATION

**BOARD MEMBER COMMITMENT FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

As a member of the Board for the Wisconsin Parkinson Association (WPA), I understand that I have made a commitment to do whatever I can to support the organization with my time, ideas, and financial support. In light of this commitment, I pledge to do the following during the current fiscal year:

1. I promise to make an annual contribution of \$\_\_\_\_\_, an amount that I will give from my own resources, or will raise from others. I may give this as a one-time donation, or may pledge to give a certain amount several times during the year.

2. I agree to serve on the following WPA committees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I promise to attend the following fundraising events:

\_\_\_\_\_  Tickets  Table  
\_\_\_\_\_  Tickets  Table  
\_\_\_\_\_  Tickets  Table

4. I promise to attend the following program events or activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I would be interested in providing the following volunteer services: \_\_\_\_\_

\_\_\_\_\_

6. I am also willing to provide the following: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_