



CHARITY NOMINATION FORM

1. Name of Charitable Organization _____
2. Organization Contact _____ Email Address _____
3. Address _____ City _____ ST _____ Zip _____
4. When was the organization started? _____ Website _____
5. What population does the Organization serve? (children, women, elderly, mentally ill, etc.) _____
AND how many people receive services annually (Approximately if known)? _____
6. Briefly describe the services: _____

7. What are the current sources of funding for the Organization? _____

8. How would the donated funds be used? _____

9. Does any portion of a contribution go toward administrative fees? Yes No If yes, what percentage? _____
10. Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable Organization? Yes No
(Please note: while a non 501(c)(3) organization is still eligible for consideration, contributions will NOT be tax deductible so therefore Members must be aware of this status prior to voting.)
11. Please provide the organization's tax ID number for verification of non-profit status _____
12. If selected, would someone from the Organization be available to speak at our next meeting to describe the impact of the donated funds? Yes No
13. Does the Organization agree not to sell, give, or use the 100+ Women's contact information for solicitations by themselves or other organizations? Yes No
14. If this charity is selected by the group, to whom would the check be payable to? _____

Your name _____ Email address _____

Please be sure to bring this COMPLETED form with you to the meeting prior to nominating the charity.

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