



Charity Nomination Form

Use this form as a guide for gathering information about the charity you want to recommend as a possible fund recipient. You will likely use some of this in your five minute presentation, should your nomination be selected from the drawing.

Member Name: _____ Date _____

E-mail _____ Phone _____

Organization Name: _____

Address: _____

City _____ State _____ Zip Code _____

Website: _____

Organization Contact: _____ E-mail: _____

Mission Statement: _____

Where are services provided? _____

What population does the organization serve? _____

How would donations be used? _____

Current funding sources? _____

Is the organization designated as a 501(c)(3) charity? Yes No

Will the organization agree to not use, give, or sell contact information of our members for additional solicitation by them or other organizations? Yes No

Fill out and return this form by email to 100womensevier@gmail.com at least two weeks prior to the next meeting.