



Charity Nomination Form

Nominating member's name: _____

Member phone: _____ Member email: _____

Member who is speaking on my behalf: _____

As a member in good standing of **100 Women Who Care – SW Washington**, I nominate the following nonprofit organization to be considered for the group's next donation:

Organization's Name: _____ Tax ID (EIN): _____

Mailing Address: _____

Contact Person: _____ Contact Phone #: _____

Member's relationship to the organization: _____

1). Mission and purpose of the organization: _____

2). Annual budget: _____ % of budget for Programming: _____

% of budget for Administration: _____ % of budget for Fundraising: _____

3). Service area and population the organization serves: _____

4). Specific details on how the donation would be used: _____

Charity Eligibility Requirements:

- Registered as a non-profit for at least one year and agree to provide tax receipts to each donor.
- Provide charity representative to speak at our next quarterly meeting and share how donated funds were used.
- Charity does not have a direct religious or political affiliation.
- Charity is available for future contact from 100 WWC.
- Agrees not to sell, give or use **100 WWC - SWW** contacts for solicitation unless written permission is given.

If selected, checks should be made out to: _____

Completed forms may be scanned two weeks prior to meeting and sent to: **100womenwhocaresww@gmail.com**

www.100womenwhocaresww.org | facebook.com/100womenwhocaresww | 100womenwhocaresww@gmail.com