



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. Mission statement of the organization: _____

6. What population does the Organization serve? (children, women, elderly, mentally ill, etc.) _____
AND how many people receive services annually (Approximately if known)? _____
7. Briefly describe the services: _____

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

9. How would the donated funds be used? _____

10. Does any portion of a contribution go toward administrative fees? Yes No If yes, what percentage? _____
11. Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable Organization? Yes No
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 turn in this COMPLETED form prior to nominating the charity.

♥ www.100WomenWhoCareinErieCounty.com ♥ 100WWCErie@gmail.com ♥
Find us on Facebook!