



# Organization Nominee Form

Date:

**Name of the organization:**

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**Name of member nominating the organization:**

**Address:**

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**Contact Name:**

The Organization is a registered not-for-profit/charity and is able to provide tax receipts.

**Contact Email:**

**Y / N**

**Contact Phone**

**Charitable Registration Number:**

If selected, someone from the Organization will be available to speak at our next meeting to describe the impact of the donated funds.

**Website:**

**Y / N**

**Mission Statement:**

The Organization agrees not to sell, give or use the 100 Women Who Care Foothills members contact information for solicitations.

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**Y / N**

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**Who do you current serve with your organization?**

What percentage of donations are used for administration costs?

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\_\_\_\_ %

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**What will the funds be used for?**

\*\*\*Please follow us on social media to co-promote each other and share images and media information.

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**What is your current source of funding?**

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Julie Boake, Current Leader

[www.100womenfoothills.com](http://www.100womenfoothills.com) | [womenwhocarefoothills@gmail.com](mailto:womenwhocarefoothills@gmail.com)