

Nominating Member's Name: _____

100+ Women Who Care Medina

CHARITABLE ORGANIZATION FACT SHEET

1. Name of Charitable Organization

2. Address: (Headquarters and where services are provided, if different)

3. Web address of organization:

3. When was the organization started?

4. Mission Statement of the Organization:

5. How would the donated funds be used?

6. What are the current sources of funding for the Organization?

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

8. Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable Organization? 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.

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

10. Does the Organization agree not to sell, give, or use the 100+ Women's contact information for solicitations by themselves or other organizations?

11. If this charity is selected by the group, to whom would the check be payable to?

12. Does any portion of a contribution go toward administrative fees?

To be completed by Member leadership post donation:

Meeting Date: _____
Chosen Charity: _____
Did a representative from the chosen charity present at the following meeting to describe the impact of the donated funds? Please describe: _____ _____
How much money was actually collected and donated to the charity? _____

I, _____ representative of _____ (Name of representative) (Name of charity)
acknowledge our understanding that the we are prohibited from using membership information for future solicitations or any other public use or purpose:
Signature: _____
Date: _____