

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: _____