

100+WOMEN WHO CARE – MEDINA

Charitable Organization Nominations Fact Sheet

DATE: _____

1 .NOMINATING MEMBER NAME, E-MAIL AND PHONE:

2. NAME and ADDRESS OF CHARITABLE ORGANIZATION TO BE NOMINATED (Please note that new members are not eligible to nominate at their first meeting):

3. IS THE ORGANIZATION A 501(c)(3) (IRS Certified Tax-Free Status) SERVING MEDINA COUNTY: _____

4. ORGANIZATION HISTORY (year started, mission statement):

5. HOW WOULD REQUESTED FUNDS BE USED (Please use reverse side of page if needed):

6. WHAT POPULATION DOES THE ORGANIZATION SERVE and APPROXIMATELY HOW MANY PEOPLE WILL RECEIVE SERVICES ANNUALLY:

7. CURRENT SOURCES OF FUNDING FOR THIS ORGANIZATION:

8. IF SELECTED, WOULD SOMEONE FROM THE ORGANIZATION BE AVAILABLE TO SPEAK AT OUR NEXT MEETING TO DESCRIBE THE IMPACT OF THE DONATED FUNDS: _____

9. DOES THE ORGANIZATION AGREE NOT TO SELL, GIVE, OR USE THE 100+WOMEN'S CONTACT INFORMATION FOR SOLICITATIONS BY THEMSELVES OR OTHER ORGANIZATIONS: _____

10. IF THIS ORGANIZATION IS SELECTED BY THE MEMBERSHIP, TO WHOM WOULD CHECKS BE PAYABLE:

