



Organization Nominee Form

Date:

Name of the organization:

Name of member nominating the organization:

Address:

Contact Name:

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

Y / N

Contact Email:

Contact Phone

Charitable Registration Number:

Website:

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

Y / N

Mission Statement:

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

Y / N

Who do you current serve with your organization?

What percentage of donations are used for administration costs?

____ %

What will the funds be used for?

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

What is your current source of funding?



Cindy Dorais & Kayla Christensen Co-Chair

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