

1 + Women Who Care Androscoggin

Nomination Form

Charity/Group Name: _____

Charity/Group Contact Person: _____

Charity Group Location: _____

Charity/group phone number: _____

Charity/Group mission statement/purpose. Please include brief description about what is specifically being done in Androscoggin County.

Is this charity/group a ___ 501(c) (3) or ___ Community group

Is this request for ___ general support or ___ specific project.

If specific project, is this request time sensitive (i.e. a project or event that will happen one time or is imminently in need of funding in order to happen)? If yes, please include time frame.

Nominator Name: _____

Nominator contact: _____ Date- _____