



## Charity Nomination Form

Please complete the information below and return this form at least two days before the next meeting. Email to June Berry: JuneBerry9@comcast.net. **I understand that only committed 100 Women Who Care Portland Members who have donated at least one previous quarter may make nominations. I agree not to nominate national organizations (local chapters okay) or charities that are political or of a politically sensitive nature. I understand that my nomination may be rejected if it does not meet these criteria.**

Member Name: \_\_\_\_\_

Member Email: \_\_\_\_\_

|   |  |
|---|--|
| <b>Organization Name</b>  |  |
| <b>Address</b>  |  |
| <b>Mission Statement<br/>Populations Served<br/>Other Sources of Funds<br/>How Are Funds Used<br/>Other information</b> |  |
| <b>Website</b>  |  |
| <b>Email address</b>  |  |
| <b>Is the organization a 501(c)3 non-profit?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**The organization agrees to not use, give, or sell the contact information of our members for additional solicitation by them or other organizations.**



Non-Profit Prequalification Form (to be completed by Non-profit)

*This form is to be completed by a representative of the nominated nonprofit to confirm eligibility for funding consideration. Once eligibility is verified, the charity will be added to our list of pre-qualified charities eligible for presentation and funding consideration at a future meeting.*

(please print)

|   |  |
|---|--|
| NAME OF ORGANIZATION  |  |
| ORGANIZATION'S WEBSITE  |  |
| ORGANIZATION TAX ID #   |  |
| CONTACT PERSON NAME   |  |
| CONTACT PERSON'S PHONE  |  |
| CONTACT PERSON'S EMAIL  |  |
| WHAT PERCENT OF FUNDS ARE ALLOCATED TO PROVIDING SERVICES IN THE GREATER PORTLAND METRO AREA?   |  |
| IF YOU RECEIVE AN AWARD, ARE YOU WILLING TO SEND A REPRESENTATIVE TO OUR NEXT MEETING TO SHARE HOW THE MONEY WAS, OR WILL BE, SPENT? (Y/N)? |  |
| DO YOU AGREE <b>NOT</b> TO CREATE, SELL OR DISTRIBUTE A LIST WITH OUR MEMBERS' CONTACT INFORMATION? (Y/N)                                   |  |
| DO YOU AGREE <b>NOT</b> TO SOLICIT OUR MEMBERS DIRECTLY FOR FURTHER CONTRIBUTIONS (Y/N)?  |  |

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Signature

Date