

## 100 WOMEN WHO CARE QUARTERLY COMPASSION DRIVE RECOMMENDATION FORM

The 100 Women Who Care Quarterly Compassion Drive will feature a unique mini-drive at each meeting. Each quarter, we will accept written submissions from members spotlighting a charity within the Greater Portland area. From these entries, one will be drawn at random to be our focus for the upcoming quarter. This will allow us to channel a little extra love, support, and compassion into a new and deserving initiative each time. We look forward to seeing the incredible impact we can make together!

CHARITY INFORMATION:	
Name of Organization:	
Is this Charity a 501c3?YesNo	
Website:	Email
Phone:	Director:
ABOUT THE CAUSE:	
Brief Description of Cause/Need	
What specific small donations would be helpful to support this cause? Please specify the types of tangible items our members can bring to support the cause. (If your organization is selected, you may be asked to provide a more detailed list closer to the meeting date.)	
ADDITIONAL RESPONSIBILITIES:	
•	mber of 100 Women Who Care and will be responsible for ne recipient or charity. Do you agree to take on this
100 Women Who Care Contact Information	
Submitted By: Member Name:	
Email:	
Phone Number:	
Signature	Date: