



CHARITY NOMINATION FORM

Please complete this form at least five days before our next meeting.
Return to June Berry at: june.100wwcpdx@gmail.com

PART 1 TO BE COMPLETED BY MEMBER

I understand that only committed members of 100 Women Who Care Portland who have donated at least one previous quarter may nominate a 501(c)3 organization. I agree not to choose national organizations (local chapters ok) or charities that are of a politically sensitive nature. A nomination may be rejected if it does not meet these criteria.

MEMBER NAME	
MEMBER EMAIL	
ORGANIZATION NAME	
MISSION STATEMENT, POPULATION SERVED, OTHER INFORMATION	

PART 2 TO BE COMPLETED BY REPRESENTATIVE OF NON-PROFIT

If verified to be eligible, this charity will be added to our nomination list for possible presentation and funding at a future meeting. If your organization receives our combined donations, please plan to attend the following quarterly meeting to share how the funds were or will be spent.

ORG LEGAL NAME, if different	
ADDRESS	
TAX ID#	
WEBSITE	
CONTACT NAME	
CONTACT PHONE	
CONTACT EMAIL	
% OF FUNDS SPENT LOCALLY	
Do you agree NOT to create, sell or distribute a list of our members' contact information?	
Do you agree NOT to directly solicit our members for further contributions?	
CONTACT SIGNATURE & DATE	