

Fact Sheet
You've got 5 minutes
MAKE YOUR PITCH COUNT!

Please use this sheet as a guide to prepare your presentation



1. Name of Charitable Organization _____
 2. 501(c)(3) Tax ID Number _____
 3. Organization Contact Person (Name, phone, e-mail) _____

 - 4.: Presenter (Name, Phone, Email) _____

 - 5 Organization Address _____
 6. Date organization started _____
 7. How would the donated funds be used? **We sponsor specific projects for Salt Lake County residents. Our donation does not go to a capital fund for ongoing expenses.** Use of donation for paying staff is highly discouraged.

 8. Proposed budget for donation _____

 - 9 What are the current sources of funding for the Organization? _____

 10. How much money in donations did the organization make last year? _____
 11. What population does the Organization serve? (children, women, elderly, mentally ill, etc.) How many people will receive services annually (approximately) if known?

 - 12 When chosen make checks payable to _____
 13. This nonprofit agrees not to sell, give, or use individual contact information of members of 100 Women Who Care for additional solicitation of their own or any other organization.
- Signature of 100 Women Who Care member: _____