

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 Organization: _____

Please verify 501(c)(3) Status: Yes _____ No _____

2. Address: (Headquarters and where services are provided, if different?)

3. When was the Organization started: _____

4. Mission Statement: _____

5. How would the donated funds be used? _____

6. What are the current sources of funding for the organization? _____

7. What population does the organization serve (children, elderly, mentally ill, etc.)?
How many people receive services annually?

8. Does the Organization you represent agree to not sell, give or use our member's (100 Women Who Care SLC) individual contact information for additional solicitations by themselves or any other organizations?

Yes _____ No _____

9. When chosen, to whom would the members make their checks payable to? _____
