



## Charity Information Form

Charitable organizations may submit this form to the Teen Executive Board  
to be eligible for nomination by a registered member

Organization's Name	
501(c) 3 Number	
Organization's Contact Person	
Organization's Phone	
Email	
Website	
Street Address	
Mission Statement (Any history, details, information on the organization)	
Date Started	
How would the donated funds be used?	
What are the current sources of funding for the organization?	
What population does the organization serve?	

\_\_\_\_\_

*Non-profit Organization Contact*

\_\_\_\_\_

*Email and Phone*

\_\_\_\_\_

*Date*

Return this form by email to: [100teenslakeland@gmail.com](mailto:100teenslakeland@gmail.com)