

# DONATION RECOMMENDATION BELMONT CLUB OF WOMEN MEMBERS

\*NOTE\* Charity must be a local (Spotsylvania, Orange or Louisa County) non-profit 501(c)(3) organization and must be an established organization or chapter of an organization.

All requests should be submitted no later than the September Meeting. Late requests will be deferred to the following year's budget.

Date Submitted:

Tax ID code/EIN number for nonprofit organization \_\_501©3;, established \_\_\_\_

Contact Information for Organization (include name and title)

Name of Organization:  
Director in Charge

Mailing Address: (City, State, Zip)

Phone Number:

Email:

Website:

**Mission Statement of this Organization** (available on website):

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Contact Information for Belmont Member Recommending this Organization

Name \_ \_\_\_\_\_ Phone #\_ \_\_\_\_\_ Email: \_\_\_\_\_

*For completion by Committee*

How many people does this organization serve? \_\_\_\_\_

List other sources of funding that this organization receives:

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How does this organization reach out to help its recipients?

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If a donation is approved: *Please provide information on how to make out the check and the address where it should be mailed.*

Make check payable to: \_\_\_\_\_

Mailing Address (where check is to be sent)

Organization Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_