

CHARITABLE ORGANIZATION FACT SHEET

MEMBER NAME: _____

Use this form as a guide for gathering information about the charity you want to recommend as a possible funds recipient. You will likely use some of this information in your five minute presentation should the charity be drawn for consideration.

ORGANIZATION NAME: _____

LOCATION: _____

(Headquarters and where services are provided, if different.)

WEBSITE: _____

MISSION STATEMENT:

DATE STARTED: _____

HOW WOULD THE DONATED FUNDS BE USED?

(How much of the donation would go to administrative fees?)

WHAT ARE THE CURRENT SOURCES OF FUNDING FOR THE ORGANIZATION?

WHAT POPULATION DOES THE ORGANIZATION SERVE?

IS THE ORGANIZATION APPROVED AS A 501c3?

AZ QUALIFIED CHARITABLE TAX CREDIT?

CHECKS SHOULD BE MADE PAYABLE TO: _____

The organization must agree to not use, give, or sell the contact information of our members for additional solicitation by them or other organizations.

SUBMIT COMPLETED FORM:

Scan and email to 100womenwhocarephoenix@gmail.com

Mail to Michelle Wilkie 2513 N. 61st Way, Scottsdale, AZ 85257

Bring to the next meeting