



Organization Nomination Form

100 Women Who Care Grey-Bruce

Nominating

Member's Name: _____ Signature: _____

Name of Organization: _____

Address: _____

Website: _____

Mission Statement: _____

The Organization serves the following population: _____

The donated funds would be used to: _____

The Organization's current source(s) of funding: _____

The Organization is a registered not-for-profit/charity able to provide tax receipts. (circle **one**) Yes No

Charitable Registration Number # _____

If the organization you are nominating is not registered, please provide the registered not-for-profit organization who will be sponsoring the organization with their charitable registration number:

Sponsor Name: _____

Charitable Registration Number # _____

If selected, someone from the Organization will be available to speak at our next meeting to describe the impact of the donated funds. (circle **one**) Yes No

The Organization agrees not to sell, give, or use the 100 Women Who Care Grey Bruce contact information for solicitations. (circle **one**) Yes No

The Organization agrees that none of our donation will be used for administration costs. (circle **one**) Yes No

If selected, cheques should be made payable to: _____

PLEASE SCAN AND EMAIL THIS FORM TO WWCGreyBruce@outlook.com
AT LEAST ONE MONTH PRIOR TO NEXT MEETING.