

100 Women Who Care Grey-Bruce Organization Nomination Form Worksheet

**DO NOT SUBMIT THIS WORKSHEET – ALL NOMINATIONS MUST BE SUBMITTED VIA THE
ONLINE NOMINATION FORM**

Web Address: <https://100womengreybruce.ca/organization-nomination>

Notes:

- You **MUST** provide the registered charity number for the organization you are nominating.
- You are not able to save your online nomination form to complete at a later time
- “*” indicates required fields

* Nominating Member:

First Name: _____
Last Name: _____
Email Address: _____

* Organization Information:

Name of Organization: _____
Charitable Registration Number: _____
Address: _____
Website: _____
Mission Statement: _____

* The Organization serves the following population:

100 Women Who Care Grey-Bruce Organization Nomination Form Worksheet

*** The donated funds would be used to:**

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

*** If selected, will someone from the Organization will be available to speak at our next meeting to describe the impact of the donated funds.**

☐ Yes

☐ No (please provide reason)

100 Women Who Care Grey-Bruce

Organization Nomination Form Worksheet

*** By submitting this form, you acknowledge that the nominated organization agrees to the following conditions:**

- ☐ The Organization agrees to issue receipts for tax purposes in a timely manner.
- ☐ The Organization agrees not to sell or share the 100 Women Who Care Grey Bruce contact information to third parties.
- ☐ The Organization acknowledges that we prefer our donation be used to fund or support a project or program.