

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://100womensgreybruce.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: _____
Address: _____
Website: _____
Mission Statement: _____

* The Organization serves the following population:

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*** 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)

*** 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 agrees that none of our donation will be used for administration costs.