**DO NOT SUBMIT THIS WORKSHEET – ALL NOMINATIONS MUST BE SUBMITTED VIA THE** [**ONLINE NOMINATION FORM**](https://100womengreybruce.ca/organization-nomination)

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

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| **\* Nominating Member:** | | | | | | |
| First Name: | | |  | | | |
| Last Name: | | |  | | | |
| Email Address: | | |  | | | |
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| **\* Organization Information:** | | | | | | |
| Name of Organization: | | | | |  | |
| Charitable Registration Number: | | | | | |  |
| Address: | |  | | | | |
| Website: | |  | | | | |
| Mission Statement: | | | |  | | |
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| **\* The Organization serves the following population:** | | | | | | |
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| **\* The donated funds would be used to:** | |  | | |
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| **\* The Organization’s current source(s) of funding:** | | |  | |
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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) | | | |  |
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| **\* 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. | | | | |