



CHARITY NOMINATION FORM

As a member in good standing of 100 Women Who Care - Northville, I nominate the following nonprofit organization to be considered for the group's next donation.

ORGANIZATION INFORMATION

Organization Name: _____

Contact Name: _____ Telephone: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Website: _____

Is the organization a 501(c)3 non-profit*? _____

Mission/Purpose of the Organization: _____

You must bring the nomination form and a copy of your charity's IRS determination letter to the meeting. The organization agrees to not use, give, or sell the contact information of our members for additional solicitation by them or other organizations.

Nominating member name: _____

Email: _____

Home Phone: _____ Cell Phone: _____

X _____

MEMBER SIGNATURE

**ORGANIZATION MUST BE A 501(C)(3) TO QUALIFY*