



Women Organizing Women Request for Assistance Form

Women Organizing Women is a faith-based nonprofit organization whose mission expands over a thirty year period. We provide support to other nonprofits, communities, and ministries as we partner through community outreach and service to populations that may be at-risk, poverty stricken or individuals who have sustained abuse or neglect

Today's Date: _____

Organization Name: _____

What type of Organization? (Place an X to all that applies) Christian Non-profit _____ non-profit _____ philanthropic _____ for -profit _____ Church _____ Women Ministry _____

Does your organization have a 501C3? Y _____ N _____

Date organization was established: _____

Contact Person: _____

Position of Contact Person: _____

Mailing Address: _____ **City:** _____

State: _____ **Zipcode:** _____

Website: _____

Email: _____

Phone Number: _____

Select Chapter you are requesting assistance: Place X next to chapter

<u>CHAPTER LOCATIONS</u>
GARY, IN
TEMECULA, CA
DETROIT, MI
FORREST CITY, AR



Please tell us why you are in need of assistance. Please type/write clearly and answer all questions below:

Introduction of Organization- Mission Statement/ Organization Charitable vision

Assistance Needed (Please explain what type of assistance you are requesting; ex. financial, volunteers, fundraiser partnership, prayer, etc.)

When do you need this assistance Date: _____

Is this a fundraiser? Y _____ N _____

If you are requesting financial assistance, how much are you requesting? \$ _____

Objectives and Goals

Explain how you think Women Organizing Women can best help you meet your need and goals. Set short term objectives for our partnership and help your organization meet its goals.]



Community Outreach

[Explain how many events/fundraisers your organization has held in the community. Explain your most successful event/fundraiser and how you promoted involvement. How many events and fundraisers do you plan or would like to plan? Explain what type of community involvement you would like to have and who will be benefitting the most from your events/fundraisers.]

Partnership

[Set short term and long term goals for this partnership. Explain how Women Organizing Women is able to best serve your organizations vision, mission statement and work ethic.]

References

Church Affiliation

Name _____ Phone _____
Mailing Address _____ City _____ ST _____ Zip _____

Community Affiliation

Name _____ Phone _____
Mailing Address _____ City _____ ST _____ Zip _____

Personal Affiliation

Name _____ Phone _____
Mailing Address _____ City _____ ST _____ Zip _____

Please allow 30 days for WOW to contact you in regards to your request. Please know we will uplift your need in prayer and present your information to the local board for a decision. Thank you for your request!