

Charity Nomination Form

Please complete the information below and return this form at least two days before the next meeting. You can send it by fax to 831-688-8181, by mail to Kirsti Scott, 500 Brooktree Ranch Rd, Aptos CA 95003, or by email to kirstiscott@me.com.

Name:				
Email:				
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Organization Name				
Address				
Mission Statement Populations Served Other Sources of Funds How Are Funds Used Other information				
Website			_	
Email address				
Is the organization a 501(c)3 non-profit?	YES	NO		
The organization agrees to not us for additional solicitation by them	e, give, or sell the or other organiza	contact information tions.	of our members	
Signature		Date		

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