 **Charity Nomination Form**

As a member in good standing of 100 WWC-CLBA, I nominate the following non-profit organization to be considered for the group’s next donation:

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Organization Contact & Phone** |  |
| **Mission/Purpose of the Organization** |  |
| **Population Served** |  |
| **How would the donation be used?** |  |
| **What is your relationship to the Organization?** |  |
| **Website** |  |
| **Is the Organization a 501(c)3 non-profit? (must be a 501(c)3 to be eligible)** |  YES  |

The organization agrees to not use, give or sell the contact information of our members for additional solicitation by them or other organizations. A representative should provide an in-person acknowledgement of our donation, if selected, at our next meeting. (Note: The organization may designate me as the representative.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please print) Your Name, Contact Number & E-mail address**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_