

## 100 Women Who Care – Stouffville Chapter Charity Nomination Form

Completed forms may be scanned and sent via email to [stouffville100women@hotmail.com](mailto:stouffville100women@hotmail.com) or printed and mailed to 100 Women Who Care Stouffville c/o 38 Weldon Woods Court, Stouffville, ON L4A 0J4.

If you are making a Commitment as part of a team, each team may only submit one nomination per meeting and only one member per team can present to the group if this charity is selected.

Nominating member or team name: \_\_\_\_\_

Presenting team member's name: \_\_\_\_\_

Presenting team member's email address: \_\_\_\_\_

Name of nominated organization: \_\_\_\_\_

Contact name and phone #/email address: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

The organization serves the following population(s): \_\_\_\_\_

Donated funds will be used to: \_\_\_\_\_

If your organization is not selected, would you like to resubmit it for nomination at our next meeting?

- Yes
- No

Is the organization a registered not-for-profit charity able to provide tax receipts?

- Yes
- No

Charitable Registration #: \_\_\_\_\_

If selected, will someone from the organization be available to speak at our next meeting to describe the impact of the donated funds?

- Yes
- No

Has the organization been informed that a representative from 100 Women Who Care Stouffville may be contacting them for more information and/or to notify them of successful selection.

- Yes
- No

Does the organization agree not to sell, give or use the 100 Women Stouffville contacts for solicitations?

- Yes
- No

Does the organization agree that none of our donation will be used for administrative costs?

- Yes
- No

If selected, cheques should be made payable to: \_\_\_\_\_