



## CHARITY NOMINATION FORM

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Completed Charity Nomination Forms may be scanned and sent via email to: [info@100womenwhocarecaledon.com](mailto:info@100womenwhocarecaledon.com) or printed and mailed to: 100 Women Who Care Caledon, c/o 20 Pineridge Drive, Palgrave, ON L7E 0M3. Forms must be submitted no later than 1 week prior to the scheduled meeting.

If you have made 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: \_\_\_\_\_

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 Caledon 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 Who Care Caledon 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: \_\_\_\_\_