



CHARITABLE ORGANIZATION NOMINATION FORM

1. Name of nominated organization: _____
2. Is the organization a registered 501(c)(3) charitable organization? _____
3. Organization's local address/city: _____
4. Organization's contact name, phone and email: _____

5. Mission statement of organization: _____

6. What population does the organization serve (children, women, elderly, mentally challenged, etc.)? _____
7. How will funds be used? _____

8. If selected, would someone from the organization be available to speak at the next meeting to describe the impact of the donated funds? _____
9. Does the organization agree not to sell, give or use the 100+ Women's contact information for solicitations? _____
10. Name of nominating 100 WWC member: _____

Completed **Nomination Forms** may be mailed to Lynn Neil at 1278 Duke Road, Augusta, Mo 63332, turned in at quarterly meeting or emailed to hundredwomen@gamil.com.