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| --- | --- |
| Date: |  |
| Nominating Members’ Name: |  |
| Name of Organization: |  |
| Charitable Registration Number #: |  |
| Address: |  |
| Website: |  |
| Mission Statement: |  |
| The Organization serves the following population:  |  |
| The donated funds will be used to: |  |
| The Organization’s current sources of funding are: |  |
| The Organization is a registered not-for-profit/charity and is able to provide tax receipts.  | **Yes / No**  |
| If selected, someone from the Organization will be available to speak at our next meeting to describe the impact of the donated funds.  | **Yes / No** |
| The Organization agrees not to sell, give or use the 100 Women Who Care Foothills members contact information for solicitations**.**  | **Yes / No** |
| What percentage of donations are used for administration costs? |  |
| If selected, cheques should be made payable to: |  |