



Date: _____

Organization Submission

Nominating Member's Name: _____ Signature: _____

Name of Organization: _____

Address: _____

Website: _____

Mission Statement: _____

The Organization serves the following population: _____

The donated funds would be used to: _____

The Organization's current sources of funding are: _____

The Organization is a registered not-for-profit/charity able to provide tax receipts. Y / N

Charitable Registration Number # _____

If the organization you are nominating is not registered, please provide the registered not-for-profit organization who will be sponsoring the organization with their charitable registration Number.

Sponsor Name _____ Charitable Registration Number # _____

If selected, someone from the Organization will/will not be available to speak at our next meeting to describe the impact of the donated funds. Y / N

The Organization agrees not to sell, give or use the 100 Women Who Care Windsor contact information for solicitations. Y / N

The Organization agrees that none of our donation will be used for administration costs. Y / N

If selected, cheques should be made payable to: _____

PLEASE SCAN AND EMAIL OR FAX IN THIS FORM ONE DAY PRIOR TO NEXT MEETING FAX # (519) 988-0008

Please email us at info@100womenwindsor.com
WWW.100WOMENWINDSOR.COM

