**100 Women Who Care Haldimand**

**Charity Nomination Form**

As a member in good standing of 100 Women Who Care Haldimand, I nominate the following nonprofit organization to be considered for the group’s next donation:

|  |  |
| --- | --- |
| Organization name |  |
| Organization address and phone number |  |
| Organization contact  |  |
| Organization mission / purpose |  |
| Population served |  |
| The donated funds would be used for |  |
| Current sources of funding |  |
| My relationship to the organization |  |
| Is the charity a registered not-for-profit charity: | \_\_\_\_yes \_\_\_\_\_no |
| Is the charity able to provide tax receipts: | \_\_\_\_yes \_\_\_\_\_no |
| If selected, cheques should be made payable to: |  |

nominating member name

contact number and/or email address