



Use this form as a guide for gathering information about the charity you want to recommend as a possible fund recipient. You will likely use some of this in your five-minute presentation, should the charity be selected from the drawing.

New members are eligible to nominate a charity after their initial meeting. Existing members must be in good standing to nominate a charity.

CHARITABLE ORGANIZATION NOMINATION FORM

MEMBER NAME _____ EMAIL _____ DATE _____

ORGANIZATION'S NAME _____ EIN NUMBER _____

(For certified 501(c)3 organizations)

ORGANIZATION CONTACT NAME & E-MAIL _____

ADDRESS & TEL. NUMBER _____

(Headquarters and where services are provided, if different)

MISSION STATEMENT & DATE STARTED _____

(Any history, details, information on the organization are helpful)

HOW WOULD THE DONATED FUNDS BE USED? _____

ANNUAL OPERATING BUDGET & ANNUAL OPERATING COSTS OF THE ORGANIZATION _____

WHAT ARE THE CURRENT SOURCES OF FUNDING FOR THE ORGANIZATION? _____

(e.g., annual drives, fundraisers, corporate funding)

WHAT POPULATION DOES THE ORGANIZATION SERVE & NUMBER OF INDIVIDUALS IMPACTED ANNUALLY? _____

Checks made payable to: _____

Briefly describe your connection, if any, to this charity (e.g., employee, board member, etc.) _____

Does the Charity agree to send a representative to a meeting of 100+ WWCRI to report on the use of the donation? ☐ Yes ☐ No

Does the Charity agree not to use or disclose individual donor information for any purpose? ☐ Yes ☐ No

Does the Charity agree that the funds must be used to benefit the Rhode Island community? ☐ Yes ☐ No

The nominated charity's IRS 501(c)3 form must be submitted with this form.

WHEN COMPLETED, EMAIL THIS FORM TO: 100WomenWhoCareRI@gmail.com