

100+
Women Who Care
RED DEER



Nomination Form

Nominating Member's Name: _____ Date: _____

Phone: _____ Email: _____

Name of Organization you are nominating:

Address:

Postal Code: _____ Website: _____

Mission Statement:

The organization serves the following population:

The donated funds will be used to:

The organization's current sources of funding are:

Is the organization a registered not-for-profit/charity and is able to provide tax receipts? YES / NO

If yes, Charitable Registration #:

If no, please provide the name of the not-for-profit organization that will be sponsoring the organization and their charitable organization number:

Sponsor Name

Sponsor Charitable Registration #:

If selected, will a representative from the organization 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 away, or use, the 100 Women Who Care Red Deer members' contact information for solicitations. YES / NO

What percentage of donations is used for administration costs?

If selected, cheques should be made payable to: