**100 Women Who Care – Seattle Eastside Chapter**

**Charity Nomination Form**

*I nominate the following nonprofit organization to be considered to present at a future meeting (please complete as much information as possible; sections with an \* are required):*

|  |  |
| --- | --- |
| ORGANIZATION BEING NOMINATED\* |  |
| CONTACT PERSON AT ORGANIZATION\* |  |
| CONTACT PERSON’S PHONE\* |  |
| CONTACT PERSON’S EMAIL\* |  |
| ORGANIZATION’S STREET ADDRESS |  |
| ORGANIZATION’SCITY, STATE, ZIP |  |
| ORGANIZATION’S WEBSITE\* |  |
| MISSION/PURPOSE OF THE ORGANIZATION\* |  |
| IS THIS ORGANIZATION A REGISTERED NONPROFIT? (INCLUDE TAX ID NUMBER IF KNOWN)\* |  |
| SERVICE AREA AND WHO THE ORGANIZATION SERVES |  |
| DETAILS OF HOW OUR DONATION WOULD BE USED (IF KNOWN) |  |
| MY RELATIONSHIP TO THE ORGANIZATION\* |  |

Nominating Member Name

Nominating Member contact number and/or email address

Signature Date

*Once eligibility is verified, the organization will be added to our list of pre-qualified charities eligible for presentation and funding consideration at a future meeting.*