Charity Nomination Form

As a member in good standing of 100 WWC NoVa, nominate the following nonprofit organization to be considered for the group's next donation: *(Please print)*

100 WOMEN WHO CARE northern virginia
so simple
so positive
so amazing
so efficient
so powerful

Organization Name	
Organization Address **Phone #** **Website**	
Organization Contact Name **Title** **phone / email**	
Mission/Purpose of the Organization	
Who or What Does the Organization Serve?	
How many paid staff does nonprofit employ?	
What is the annual operating budget?	
List the nonprofit's major funding sources.	
How would our Donation be used?	
What is Your Relationship with the Organization?	
Is the organization in *SPUR Local*, (formerly *Catalog of Philanthropy*)? YES ☐ NO ☐	

I understand the organization must submit certification of its 501(c)(3) status. A representative of the organization should provide an in-person acknowledgment of our donation, if selected, at our next meeting. (The organization may designate me as the representative.)

Name (please print) _____ Contact number/email _____

Signature _____ Date _____