**Nonprofit Nomination Form**

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

|  |  |
| --- | --- |
| ORGANIZATION NAME |  |
| ORGANIZATIONADDRESS/PHONE |  |
| ORGANIZATION CONTACT  |  |
| MISSION/PURPOSE of the organization |  |
| Annual budget and other relevant financial information |  |
| SERVICE AREA and whom/what the organization serves |  |
| SPECIFIC DETAILS on how the donation would be used |  |
| MY RELATIONSHIP to the organization |  |

nominating member name

contact number and/or email address

signature date