



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	
ORGANIZATION ADDRESS/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