

100 WOMEN WHO CARE FLAMBOROUGH-WATERDOWN CHARITY PREQUALIFICATION FORM



We encourage you to submit this form at least one week prior to our meeting. We will also accept completed nomination forms at the beginning of the meeting. Please note only completed forms can be considered for presentation.

NOMINATING MEMBER	
NOMINATING MEMBER EMAIL	
NAME OF ORGANIZATION / CHARITY	
ORGANIZATION'S WEBSITE	
CHARITABLE REGISTRATION NUMBER	
CONTACT PERSON NAME	
CONTACT PERSON'S PHONE	
CONTACT PERSON'S EMAIL	
ANNUAL BUDGET, ADMINISTRATIVE COSTS, AND OTHER PERTINENT FINANCIAL INFORMATION	
THE ORGANIZATION SERVES THE FOLLOWING POPULATION	
THE DONATED FUNDS WOULD BE USED TO:	
DO YOU AGREE NOT TO CREATE, SELL OR DISTRIBUTE A LIST WITH OUR MEMBERS' CONTACT INFORMATION? (Y/N)	

DO YOU AGREE NOT TO SOLICIT OUR MEMBERS DIRECTLY FOR FURTHER CONTRIBUTIONS? (Y/N)	
THE ORGANIZATION'S CURRENT SOURCES FOR FUNDING ARE:	
IF SELECTED, CHEQUES SHOULD BE MADE PAYABLE TO:	

I certify that, to the best of my knowledge and belief, the statements provided above are true and correct.

SIGNATURE _____

DATE _____