



# Charity Nomination Form

*If you are making a commitment as part of a team, each team may only submit one nomination per meeting and only one member per team can present to the group if this charity is selected.*

*The Leading Ladies will have a copy of this form with them at the meeting to serve as a reference should you need it when presenting.*

Nominating member (and team name, if applicable): \_\_\_\_\_

Name of nominated organization: \_\_\_\_\_

Contact name and phone number/email address: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

The organization serves the following population(s): \_\_\_\_\_

Donated funds will be used to: \_\_\_\_\_

If your organization is not selected, would you like to resubmit it for nomination at our next meeting? YES  NO

Is the organization a registered not-for-profit charity able to provide tax receipts? YES  NO

Charitable Registration #: \_\_\_\_\_

If selected, will someone from the organization be available to speak at our next meeting to describe the impact of the donated funds? YES  NO

Has the organization been informed that a Leading Lady from 100+ Women Who Care Kingston may be contacting them for more information and/or to notify them of successful selection? YES  NO

Does the organization agree not to sell, give, or use the 100+ Women Who Care Kingston contacts for solicitations? YES  NO

Does the organization agree that none of our donation will be used for administration costs? YES  NO

If selected, cheques should be made payable to: \_\_\_\_\_

*Please complete this form, save it, and email it to [info@100womenkingston.com](mailto:info@100womenkingston.com).*