Nominating Member's Name: _____

100+ Women Who Care Santa Fe

CHARITABLE ORGANIZATION
FACT SHEET

1. Name of Charitable Organization

_____

2. Address: (Headquarters and where services are provided, if different)

_____

3. Web address of organization:

_____

3. When was the organization started?

_____

4. Mission Statement of the Organization:

_____

_____

_____

5. How would the donated funds be used?

_____

_____

_____

6. What are the current sources of funding for the Organization?

_____

_____

_____

7. What population does the Organization serve? (children, women, elderly, mentally ill,

etc.) AND how many people will receive services annually (Approximately if known)?

_____

_____

_____

8. Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable

Organization? Please Note: while a non 501(c)(3) organization is still eligible for

consideration, contributions will not be tax deductible so therefore Members must be

aware of this status prior to voting.

_____

9. If selected, would someone from the Organization be available to speak at our next

meeting to describe the impact of the donated funds?

_____

10. Does the Organization agree not to sell, give, or use the 100+ Women's contact

information for solicitations by themselves or other organizations?

_____

11. If this charity is selected by the group, to whom would the check be payable to?

_____

12. Does any portion of a contribution go toward administrative fees?

_____

To be completed by Member leadership post donation:

Meeting Date: _____

Chosen Charity: _____

Did a representative from the chosen charity present at the following meeting to

describe the impact of the donated funds? Please describe:

_____

_____

How much money was actually collected and donated to the charity?

_____

I, _____ (Name of representative) representative of

_____ (Name of charity)acknowledge our understanding

that the we are prohibited from using membership information for future solicitations or

any other public use or purpose:

Signature:

_____

Date:

_____