

## **Charity Nomination Form**

Please complete the information below and return this form at least one week before the next meeting. Email to 100wwcbrooks+nomination@gmail.com

Member's Name:			
Email:			
Organization Name			
Contact Information: Address			
Email Address			
Mahaita.			
Website			
Phone Number			
Mission Statement			
Populations Served			
Other Sources of			
Funds			
How Are Funds Used			
Other information			
Is the organization registered	YES	NO	
with the CRA?			
CRA Number			
The organization agrees to:			
- Attend a future meet		gift recipient, to provide	information
regarding how the g			
- Provide individual tax receipts to each contributing member; and			
<ul> <li>not use, give, or sell the contact information of our members for additional solicitation by them or other organizations</li> </ul>			
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Member Signature		Date	

http://100wwcbrooks.wixsite.com/wwcbrooks www.facebook.com/womenwhocarebrooks/