

**100 Women Who Care- Culpeper, Rapp, Fauquier**

**Charity Prequalification Form**

(*please print*)

As a member in good standing of 100 WWC Culpeper, Rapp, Fauquier, 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  |  |
| WHO DOES THE ORGANIZATION SERVE?  |  |
| HOW WOULD THE DONATION BE USED?  |  |
| WHAT IS YOUR RELATIONSHIP TO THE ORGANIZATION?  |  |

I understand the organization must submit certification of its 501(c)(3) status. A representative of the organization should provide an in-person acknowledgement of our donation, if selected, at our next meeting. (The organization may designate me as the representative.)

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(please print) name and contact number/email

signature

date