



Charity/Non-profit Nomination Form

Please submit this form by the Monday prior to a meeting so that we can confirm eligibility of the organization.

NOMINATING MEMBER NAME (will be presenting at meeting)	
NAME OF NOMINATED ORGANIZATION	
PROGRAM WITHIN ORGANIZATION SEEKING ASSISTANCE (if applicable)	
CONTACT PERSON AT NOMINATED ORGANIZATION (plus phone/email)	
ORGANIZATION'S FULL ADDRESS AND WEBSITE (must be based in Chatham-Kent)	
CHARITABLE REGISTRATION NUMBER	

If the organization you are nominating is not registered, please provide the charitable registration number of their sponsor:

Sponsor Name _____ Charitable Registration # _____

By submitting this Form I am agreeing that if my nominated charity is drawn I will make a 3-5 minute informal presentation to the group about the charity, how the money would be used within our local community and answer any questions to the best of my ability. If I am not in attendance at a meeting, the charity I have nominated will not be included in the draw for that meeting. If my nominated charity is not drawn or chosen as a winner at a quarterly meeting, it will remain as a contender during my commitment to 100+ Women Who Care Chatham-Kent.

Signature _____

Date _____

Completed Nomination Forms may be scanned and sent via e-mail: 100WomenWhoCare.CK@gmail.com

On behalf of the Chatham-Kent charity or non-profit you have nominated:

Thank you!

