



**100 Women Who Care Northern Virginia  
Charity Nomination Form**

*(please print)*

As a member in good standing of 100 WWC NoVa, 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.)

\_\_\_\_\_ *(please print)* name and contact number/email

\_\_\_\_\_ signature

\_\_\_\_\_ date

