



**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	
Organization Website	
Organization Point of Contact (POC)	
POC Phone Number	
POC Email Address	
Mission/Purpose of organization	
Name of program to be funded	
EIN #, if known	

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) your name and your contact number/email

signature

date

