



## Charitable Organization Fact Sheet

Please complete the information below and return this form at least two days before the next meeting to [100womencmc@gmail.com](mailto:100womencmc@gmail.com). Use another page if necessary.

1. Name of Charitable Organization

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2. Address: (Headquarters and where services are provided, if different)

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3. Mission Statement of the Organization:

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4. How would the donated funds be used?

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5. What are the current sources of funding for the Organization?

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6. What population does the Organization serve? (children, women, elderly, mentally ill, etc.) AND how many people will receive services annually (Approximately if known)?

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7. Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable Organization?

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8. If selected, would someone from the Organization be available to speak at our next meeting to describe the impact of the donated funds?

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9. Does the Organization agree not to sell, give, or use the 100+ Women's contact information for solicitations?

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10. If this charity is selected by the group, to whom would the check be made payable?

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11. What is the name of the 100+ Women Who Care member that is nominating this charity?

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