

# 100 Women Who Care Flagstaff County Nomination Form



Nominating Member:

Nominating Email:

Name of Organization/Program being nominated:

The Organization serves the following population:

The donated funds would be used to:

The organizations current sources of funding are:

The organization is a registered charity and able to provide tax receipts:

- Yes
- No

Organization Charitable Registration Number:

If selected, someone from the organization will be available to speak at our next meeting to describe the impact of the donated funds

- Yes
- No

If selected, cheque should be made payable to: \_\_\_\_\_

Email completed form to [100womenflagstaff@gmail.com](mailto:100womenflagstaff@gmail.com) one month before next meeting date.