|  |  |
| --- | --- |
|  | **Charity & Non-Profit Nomination Form** |

**Member Information**

|  |  |
| --- | --- |
|  |  |
| First Name | Last Name |

|  |  |
| --- | --- |
|  |  |
| Email address | Phone Number |

**Nomination**

|  |
| --- |
|  |
| Official Name of Charity or Non-Profit Organization |

**Address of Charity / Non-Profit Organization**

|  |  |
| --- | --- |
|  |  |
| Street Address | Unit/Apt # |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Town | Province | Postal Code |

|  |  |
| --- | --- |
|  |  |
| Website Address | Phone Number |

|  |  |
| --- | --- |
|  | Is the charity registered on Canada Helps? Yes  No   If No, the Charity must agree to issue manual tax receipts within one month of receipt of cheques from our members. Agreed  |
| Charity Registration Number |

|  |
| --- |
| Non-Profit: Does the organization have Letters Patent or Articles according to the Ontario Not-for-Profit Corporations Act? Yes  No  If Yes, please attach a copy to this form. |

**Organization Contact Information**

|  |  |
| --- | --- |
|  |  |
| Contact Name | Position within Organization |

|  |  |
| --- | --- |
|  |  |
| Email address | Phone Number |

**Nomination Details**

|  |  |
| --- | --- |
| **Organization’s Mission Statement** |  |

|  |  |
| --- | --- |
| **Current Sources of Funding** |  |

|  |  |
| --- | --- |
| **100WWCHH**  **Donations will be used for…** |  |

|  |  |
| --- | --- |
| **Geographical Area Served by the Organization** |  |

|  |
| --- |
| **If the Charity / Non-Profit serves a larger area than Halton Hills, explain how the organization will ensure that the funds remain exclusively in Halton Hills. (This could mean a special project listing on Canada Helps.)** |
|  |

|  |  |
| --- | --- |
| **If this organization is selected by our members, will a member of this organization be available to speak at our next meeting to describe the impact of the donated funds?**  Yes  No  | **The organization agrees not to sell, give away, or use the 100 Women Who Care Halton Hills membership list and contact information for solicitation purposes.**  Yes  No  |

Please email your completed application,

including Letters Patent or Articles if required,

to:

info@100womenhaltonhills.com

**Thank You for your Nomination**

***We will contact you shortly.***