



WOMEN
who
CARE

ALBANY, NY

"A simple concept. A big impact."

CHARITY NOMINATION FORM

Nominated organizations must have 501(c)(3) tax deductible status.
There may not be a political or religious component to the request for funds.
Donations are expressly for charities in the Capital District.

Email 100WWCAlbany@gmail.com with the name of the charity you plan to nominate by **MONDAY** night, prior to our quarterly Thursday meeting.

Name of Organization: _____

Mailing Address: _____

_____ EIN/Tax ID # _____

Contact Name/Title: _____

Phone: _____ Email: _____

Website: _____ Year formed: _____

Describe the organization's services provided to residents of Albany Metro Area:

Is organization a 501(c)(3)* Yes **required* What is the annual budget?: _____

Sources of Income: _____

What percentage of income goes to administrative costs vs direct services: _____

Describe how the funds received would be used: _____

Name of nominating member: _____

Email: _____ Phone: _____

Date: _____

Please review the guidelines for making an effective presentation on our website:
Charities - 100WWCAlbany.org

Give completed form to 100WWCAlbany when your charity becomes a recipient.