**100 Women Who Care Conejo Valley**

**Charity Nomination Form**

As a member in good standing of 100 Women Who Care Conejo Valley, I nominate the following nonprofit organization to be considered for the group’s next donation:

|  |  |
| --- | --- |
| ORGANIZATION NAME |  |
| ORGANIZATIONADDRESS/PHONE |  |
| ORGANIZATION CONTACT  |  |
| MISSION/PURPOSE OF THE ORGANIZATION |  |
| ANNUAL BUDGET AND OTHER FINANCIAL INFORMATION |  |
| SERVICE AREA AND WHOM THE ORGANIZATION SERVES |  |
| SPECIFIC DETAILS ON HOW OUR DONATION WOULD BE USED |  |
| MY RELATIONSHIP TO THE ORGANIZATION |  |

nominating member name

contact number and/or email address

signature date