



100+ Women Who Care Los Alamos CHARITABLE ORGANIZATION FACT SHEET

1. Nominating Member's Name:

2. Name of Charitable Organization

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

4. Web address of organization:

5. When was the organization started?

6. Mission Statement of the Organization:

7. How would the donated funds be used?

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

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

10. Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status)? _____
11. If selected, would someone from the Organization be available to speak at our next meeting to describe the impact of the donated funds?

12. Does any portion of a contribution go toward administrative fees?



To be completed by Member leadership post donation:

Meeting Date:

Chosen Charity:

Did a representative from the chosen charity present at the following meeting to describe the impact of the donated funds? Please describe: _____

How much money was donated to the charity? \$ _____

Signature: _____ Date: _____