

Charity Nomination Form



Name of Charity: _____

Address: _____

Website: _____

Mission Statement: _____

Organization serves the following population: _____

The donated funds would be used to: _____

Organizations current sources of funding are: _____

The organization is a registered not-for-profit/charity able to provide tax receipts:

Yes No

Comments: _____

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, cheques should be made payable to: _____

Nominating Member: _____

Nominating Email: _____

Please check below...

I certify that, to the best of my knowledge and belief, the statements provided above are true and correct.