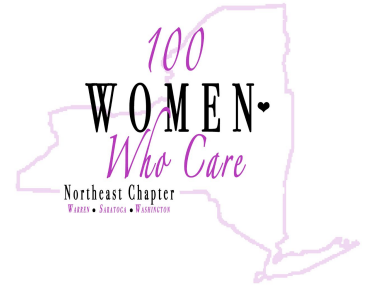


**100 WOMEN *Who Care***  
NORTHEAST CHAPTER  
WARREN • SARATOGA • WASHINGTON COUNTIES



**CHARITY NOMINATION FORM**

Nominated organizations must have 501(c)(3) tax deductible status. There may not be a political or religious component to the organization and any national non-profit must have an active local component.

Donations are expressly for charities in the Warren, Saratoga & Washington Counties.

Complete this form and email to [100womenneny@gmail.com](mailto:100womenneny@gmail.com) or submit in person at our quarterly Wednesday meeting.

***Please Print***

Name of organization (make checks payable to): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

EIN/Tax ID # \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Describe the services the organization provides to the residents of Warren, Saratoga or Washington Counties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This organization is registered as a 501(c)(3) charity [This is required for consideration] \_\_\_\_\_ Yes

What is the approximate annual budget? \_\_\_\_\_

Sources of Income: \_\_\_\_\_

Approximately what percentage of income goes to administrative costs vs direct services? \_\_\_\_\_

Describe how the funds received will be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Nominating Member: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_