



100 Women Who Care Newton County

Charity Nomination Form

As a member in good standing of **100 Women Who Care Newton County**, I nominate the following nonprofit organization to be considered for the group's next donation:

ORGANIZATION NAME	
ORGANIZATION ADDRESS/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