



## NOMINATION FORM

1. Name of Organization:
2. Address:
3. Website:
4. Mission Statement:
5. The Organization serves the following population:
6. The donated funds would be used to:
7. The Organization's current sources of funding are:
8. The Organization is a registered not-for-profit/charity able to provide tax receipts  
 Yes  No
9. 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
10. The Organization agrees not to sell, give or use the 100 Women Who Care York Region North contact information for solicitations.  
 Yes  No
11. The Organization agrees that none of our donation will be used for administration costs  
 Yes  No
12. If selected, cheques should be made payable to:

Nominating Member's Name, Date and Signature: (only submit if YOU will be present if form is drawn)

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ORGANIZATION SIGNING AUTHORITY NAME (printed)

\_\_\_\_\_  
ORGANIZATION SIGNING AUTHORITY SIGNATURE

\_\_\_\_\_  
DATE