



## NOMINATION FORM

This form is to be completed **WITH** the Executive Director of the Organization.  
**Please answer questions 5-10 on page #2.**

1. Name of Organization:
2. Charitable Registration Number:  
(able to provide tax receipts to our members?)
3. Does this organization deliver programs in Newmarket, Aurora, East Gwillimbury and area?
4. How long has this organization been a registered charity?
5. What fundraising happens on a regular basis? Do you receive Government funding and if so, what % of the yearly funds are government versus donated funding? Do you have other sources of funding and if so, what are they?
6. How many clients does the organization serve annually and what demographic do they serve?
7. What services does this organization provide daily? as needed? emergency?
8. Mission Statement:
9. Charities Purpose:
10. If selected, how would the funds be used?:
11. Address:
12. Website:
13. Canada Helps page name:

If selected, cheques should be made payable to:

Nominating Member's Name, Date and Signature: (nominator **must be present** at the meeting to present)

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

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

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

DATE: \_\_\_\_\_

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

\*If selected, someone from the Organization will be available to speak at our next meeting to describe the impact of the donated funds.

\*The Organization agrees not to sell, give or use the 100 Women Who Care - Central York Region contact information for solicitations.

