



ORGANIZATION SUBMISSION FACT SHEET

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

NAME (please print)

DATE

SIGNATURE

ORGANIZATION SIGNING AUTHORITY NAME (printed)

ORGANIZATION SIGNING AUTHORITY SIGNATURE

DATE