



Charity Nomination Form

Please complete the information below and return this form at least two days before the next meeting. You can send it by fax to 706-860-5835, by mail to Kim Kitts 2916 Professional Pkwy, Augusta, GA 30907, or by email to 100WomenCSRA@gmail.com.

Name: _____

Email: _____

Organization Name	
Address	
Mission Statement Populations Served Other Sources of Funds How Are Funds Used Other information	
Website	
Email address	
Is the organization a 501(c)3 non-profit?	<input type="checkbox"/> YES <input type="checkbox"/> NO

The organization agrees to not use, give, or sell the contact information of our members for additional solicitation by them or other organizations.

Signature

Date