

# 100 Women Who Care St. Lucia

## Charitable Organization Fact Sheet

PLEASE PRINT AND TURN IN AT NEXT MEETING

Nominating Member's Name: \_\_\_\_\_

1. Name of Charitable Organization:

\_\_\_\_\_

2. Address: (Headquarters and where services are provided, if different)

\_\_\_\_\_

3. Web address of organization:

\_\_\_\_\_

4. When was the organization started?

\_\_\_\_\_

5. How would the donated funds be used?

\_\_\_\_\_

\_\_\_\_\_

6. What are the current sources of funding for the Organization?

\_\_\_\_\_

\_\_\_\_\_

7. What population does the Organization serve? (children, women, elderly, mentally ill, etc.) AND how many people will receive services annually (Approximately if known)?

\_\_\_\_\_

\_\_\_\_\_

8. Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable Organization? Please Note: while a non 501(c)(3) organization is still eligible for consideration, contributions will not be tax deductible so therefore Members must be aware of this status prior to voting.

\_\_\_\_\_

9. If selected, would someone from the Organization be available to speak at our next meeting to describe the impact of the donated funds?

\_\_\_\_\_

10. Does the Organization agree not to sell, give, or use the 100+ Women's contact information for solicitations by themselves or other organizations?

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11. If this charity is selected by the group, to whom would the check be payable to?

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12. Does any portion of a contribution go toward administrative fees?

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To be completed by Member leadership post donation:

Meeting Date: \_\_\_\_\_

Chosen Charity: \_\_\_\_\_

Did a representative from the chosen charity present at the following meeting to describe the impact of the donated funds? Please describe:

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How much money was actually collected and donated to the charity? \_\_\_\_\_

I, \_\_\_\_\_ representative of \_\_\_\_\_  
(Name of representative) (Name of charity)

acknowledge our understanding that the we are prohibited from using membership information for future solicitations or any other public use or purpose:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_