

# Charitable Organization Fact Sheet



Name of charitable organization \_\_\_\_\_

Address (Headquarters AND where services are provided, if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization's Mission Statement/Purpose

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the organization started? \_\_\_\_\_

How many people will receive services annually (approximately)? \_\_\_\_\_

Is the organization a registered 501 (c)(3) charitable organization? *(circle)* Y N

*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.*

If selected, would someone from the organization be available to speak at our next meeting to describe the impact of the donated funds? *(circle)* Y N

Does the organization agree NOT to sell, give, or use the 100+ Women's contact information for solicitations by themselves or other organizations? *(circle)* Y N

Does any portion of the contribution go toward administrative fees? *(circle)* Y N

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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? (*circle*) Y N

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

I, \_\_\_\_\_, representative of  
\_\_\_\_\_ acknowledge our understanding that we are  
prohibited from using membership information for future solicitations or any  
other public use or purpose.

Signature \_\_\_\_\_

Date \_\_\_\_\_