



# 100 WOMEN WHO CARE

*of the Adirondack Foothills*

## CHARITY NOMINATION FORM

Nominated organizations must have 501(c)(3) tax deductible status. There may not be a political or religious component to the organization and any national non-profit must have an active local component. Donations are expressly for charities in the Adirondack Foothills (Fulton, Montgomery and Schoharie Counties).

Complete this form and email to [100womenadk@gmail.com](mailto:100womenadk@gmail.com) TWO WEEKS prior to our quarterly Thursday meeting.

Name of Organization (make checks payable to): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

EIN/Tax ID # \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Approximate year formed: \_\_\_\_\_

Describe the organization's services provided to residents of Fulton, Montgomery or Schoharie Counties:

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This organization is registered as a 501(c)(3) charity [This is required for consideration] \_\_\_\_ Yes

What is the approximate annual budget?: \_\_\_\_\_

Sources of Income: \_\_\_\_\_

Approximately what percentage of income goes to administrative costs vs direct services: \_\_\_\_\_

Describe how the funds received would be used: \_\_\_\_\_

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Name of nominating member: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Additional financial information may be requested**