



100womenlake@gmail.com | 100womenlake.com

## Charitable Cause Recipient Form

**This form is to be completed in its entirety by a steering member and director or principal of the charitable organization before funding is to be awarded.**

1. Organization Name (Established 501(c)(3) name): \_\_\_\_\_
2. Street Address (No P.O. Box): \_\_\_\_\_
3. Website: \_\_\_\_\_
4. Date charity's 501(c)(3) status started? (Must have held a 501(c)(3) status for 12-months.) \_\_\_\_\_
5. Tax ID# (For our records and to request matching funds from member's employees.) \_\_\_\_\_
6. Organization agrees NOT to use, give or sell any individual member contact information for additional solicitation by them or any other organization they are affiliated with, should they be awarded the donations. (Organizations that do not comply with this request will not be considered for future awards from 100+ Women Who Care, Lake.)
7. Organization agree to attend the next quarterly meeting on \_\_\_\_\_ (meeting date) to present to the group how the funds were used and the impact the funds had on their charity and community.
8. Organization agrees to include, recognize and promote 100+ Women Who Care, Lake in any form of media, listing awards granted them and/or noting funding sources.
9. Organization agrees to include 100+ Women Who Care, Lake in their annual report in lieu of individual member's name.
10. Organization agrees to provide each individual member with a tax receipt for their donation within three months of receipt of their award, using the individual members self addressed stamped envelope provided to charity at presentation of the award.
11. Organization gives permission to 100+ Women Who Care, Lake to use organization's logo in printed and digital marketing.
12. Day and time of the week best suited for the presentation of awarded funds? \_\_\_\_\_

Nominating Member Name \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Charity Director/Principal \_\_\_\_\_

Signature of Charity Director/Principal \_\_\_\_\_ Date \_\_\_\_\_

Charity representative, your signature certifies you agree to the content of this form. Please keep a copy for your records. Should you have any questions, comments, or concerns please contact: 100womenlake@gmail.com or visit us on the web, 100womenlake.com.

---

This section to be completed by Steering Team Representative when donated funds are awarded.

Meeting Date Donated Funds Awarded \_\_\_\_\_

Total Award From Members \$ \_\_\_\_\_

Date Award Presented \_\_\_\_\_

Charity Representative who received the Award:

\_\_\_\_\_

Charity Representative who attended the following quarterly meeting, to describe the impact of donated funds:

\_\_\_\_\_

Signature of Steering Team Representative \_\_\_\_\_ Date: \_\_\_\_\_

---