



# 100+ Women Who Care Greater Venice

## Charity Prequalification Form / Charity

*Please submit this form at least one week prior to the meeting so that we may confirm eligibility of the organization you are nominating. Once eligibility is verified the charity will be added to our list of pre-qualified charities eligible for presentation and funding consideration at a future meeting.*

NAME of ORGANIZATION	
ORGANIZATION WEBSITE	
ORGANIZATION TAX ID #	
CONTACT PERSON AT ORGANIZATION	
CONTACT PERSON'S PHONE	
CONTACT PERSON'S EMAIL	
WHAT % OF FUNDS ARE ALLOCATED TO PROVIDING SERVICES IN OUR AREA	
IF YOU RECEIVE AN AWARD ARE YOU WILLING TO SEND A REPRESENTATIVE TO OUR NEXT MEETING TO SHARE HOW THE MONEY WAS OR WILL BE SPENT?	(YES OR NO)
DO YOU AGREE <b>NOT</b> TO CREATE, SELL, OR DISTRIBUTE OUR MEMBERS' CONTACT INFORMATION?	(YES OR NO)
DO YOU AGREE <b>NOT</b> TO SOLICIT OUR MEMBERS DIRECTLY FOR FURTHER CONTRIBUTIONS?	(YES OR NO)

Signature

Date