



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 by MONDAY night, 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:

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

**PLEASE ATTACH BUDGET
FROM PREVIOUS YEAR**

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: _____

Name of nominating member: _____

Email: _____ Phone: _____

Date: _____