



Charity Nomination Form

Please complete the information below and return this form at least two days before the next meeting. You can send it by email to 100pluswwcmatsu@gmail.com or mail to:

100 Plus Women Who Care Mat-Su Chapter
C/O PEDDA P.O. Box 2865 Palmer, AK 99645

Your Name: _____

Your Email: _____

Organization Name	
Address	
Contact Phone Number	
Mission Statement	
Populations Served	
Other Sources of Funds	
How Are Funds Used	
Other information	
Website	
Email address	
Is the organization a 501(c)3 non-profit?	<input type="checkbox"/> YES <input type="checkbox"/> NO

The organization agrees to not use, give, or sell the contact information of our members for additional solicitation by them or other organizations.

Signature Date