

Please fill out and email to: 100WomenBeaches@gmail.com

Please submit this form at least 2 weeks prior to the meeting. Three organizations will be randomly selected from the nominations and eligibility verified for those agencies.

If you fill out the form in your browser, please choose the "download with changes" option that some browsers offer so you don't lose your work.

PLEASE PRINT

Nominating Member Name

Nominating Member Email

Organization Name Being Nominated

Contact Person at Nominated Organization

Contact Person's Phone Number

Contact Person's **Email Address**

Organization's Street Address

Organization's City, State/Province, Zip

Organization's Website

Tax ID Number

Is this organization a registered nonprofit? Yes No

Member Signature

> Thank you for being 1 of 100+ Women Who Care in our community!