



**Women Who Care
of Fairfield County**

Charitable Organization Submission Form

Use this form as a guide for gathering information about the charity you want to recommend as a possible fund recipient. You will likely use some of this in your 5 minute presentation, should their name be selected from the drawing.

Organization's Name: _____

Street Address: _____

Website: _____

Date Started: _____

Mission Statement (*any history, details or information about the organization are helpful*):

How would the donated funds be used? _____

What are the current sources of funding for the organization? _____

What population does the organization serve? _____

Is the organization a 501c3 certified charity? YES

Does the organization agree NOT to use, give or sell the contact information of our members for additional solicitation by them or other organizations? YES

Member Name

Date