



Nomination Form

AT LEAST ONE WEEK BEFORE OUR SCHEDULED MEETING

PLEASE EMAIL THIS COMPLETED FORM TO glutfallah@casoxford.on.ca OR Fax to 519-421-0123 Attn: Giselle Lutfallah.

1. Name of the charity/non-profit/local cause:

Address:

Website:

2. Mission Statement:

3. Population served:

4. The donated funds would be used for:

5. Current Sources of funding:

6. Is the charity/non-profit/local cause a registered not-for-profit charity?	Yes	No
7. Is the charity/non-profit/local cause able to provide tax receipts?	Yes	No

8. If selected, the cheques are to be made payable to:

9. **RULES FOR CHARITY (NON PROFIT/LOCAL CAUSE):**

- If selected, someone from the charity/non-profit/local cause must be available to speak at the subsequent meeting and describe the impact of the donated funds.
- The charity/non-profit/local cause agrees to keep all contact information, email/addresses etc. confidential.
- The charity/non-profit/local cause agrees that the funds will remain in **Oxford**, will be used to benefit programs locally and will not be used for administrative costs.

10. Name of member nominating:

We are 100 Women Who Care—Oxford!