

Charity Nomination Form

Completed Nomination Forms may be scanned and sent via:

• email to info@100menkawarthalakes.ca. Printed and mailed or delivered to:

100 Men of Kawartha Lakes 271 Angeline Street South, Lindsay, ON K9V 0J7

Nominating member:	
Member's email address:	
Name of nominated organization:	
Contact name and phone #/email address:	
Address:	
Website:	
Mission Statement:	
The organization serves the following population(s):	
Donated funds will be used to:	
If the organization is not selected, would you like to resubmit it for nomination at our next meeting? □ Yes □ No	
Is the organization a <u>registered</u> not-for-profit charity able to provide tax receipts? (All registered charities end in RR001) Pes No Charitable Registration #:	
If selected, will someone from the organization be available to speak at a future meeting to describe the impact donated funds? UNDER YES UNDER NO	of the
Has the organization been informed that a representative from 100 Men of Kawartha Lakes may be contacting to for more information and/or to notify them of successful selection? □ Yes □ No	nem
Does the organization agree not to sell, give or use the 100 Men of Kawartha Lakes contacts for solicitations? Uses No	
Does the organization agree that none of our donation will be used for administrative costs? □ Yes □ No	
If selected, cheques should be made payable to:	
Date: Signed: Print Name:	