

Thank you for your support!

100+ Women Who Care Kodiak Charity Nomination Form

In order to nominate a non-profit you must have completed a Membership Commitment Form and pledged your commitment to donate \$100 to the charities that 100 Women Who Care Kodiak chapter members select.

Your Name	Email	
Name of Organization Being Nominated*		
Organization Contact Name		
Organization Contact Phone	Email	
Organization Physical Address		
Organization Website		
Please tell us about the good work this organization does in Kodiak		
I this organization a 501(c)3 non-profit? Yes	No I don't Know	
Does this organization agree to adhere to our pri	ivacy policy?** Yes No	
*Organization must be a 501(c)3 non-profit and must serve institutions (churches)	re the Kodiak area. Please, no political organization, no religious	S
**The organization agrees not to use, give or sell the conta other organizations.	act information of our members for additional solicitation by the	m or
Member Signature	Date	_
Completed Nomination Forms may be scanned a	and sent via e-mail to 100wwckodiak@gmail.com	