
**NOMINATION FORM**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member in good standing with 100 Women Who Care About Chadron, nominate the following organization to be considered for the group’s next impact award:

**Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Address/Phone/Website**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the organization a registered 501(c)(3) and able to provide tax receipts?** \_\_\_\_

**Who does the organization serve? Does it serve residents of Dawes County?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Organization Mission Statement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How would the impact award be used?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What is your relationship to the organization?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If awarded the impact award, would someone from the organization be available to speak at our next meeting to describe the impact of the donated funds?** \_\_\_\_\_\_\_

**Does the organization agree NOT to sell, give, or use our membership’s contact information for solicitation by themselves or other organizations?** \_\_\_\_\_\_\_\_\_\_

Please submit this nomination form at least two weeks in advance of the meeting to 100womenchadron@gmail.com. Thank you!