



100 WOMEN WHO CARE
BROOMFIELD

Charity Nomination Form

As a member in good standing of 100 Women Who Care - Broomfield, I nominate the following nonprofit organization to be considered for the group's next donation:

Organization Name	
Organization Address, Phone # and Website	
Organization Contact	
Mission/purpose of the organization	
Annual budget & other financial information	
Service area and who the organization serves	
Details on how our donation will be used	
My relationship to the organization	

Nominating Member Name

Contact Number and Email Address

Signature

Date