



NON-PROFIT FACT SHEET

*Organization Name: _____

*Contact Person: _____

*Address: _____

Contact's Phone: _____

*Contact's E-mail: _____

*Website: _____

*Date Organization was established: _____

*Mission Statement:

*How would the donated funds be used? _____

*Current sources of funding for the organization: _____

*What portion of the contribution would be used for administrative fees? _____

*Has a representative from the organization agreed to speak at the following meeting, if chosen, to thank the members? _____

*Does the organization agree to mail tax receipts to each individual member? _____

*Does the organization agree not to solicit members (donations, newsletters, etc.)? _____

*Checks should be made payable to: _____

*Is the organization 501(c)3 certified? Please attach proof of certification. _____

*Nominated by/date: _____

E-mail completed Fact Sheet to 100WWCStephensonCounty@gmail.com