

**100 Women Who Care Haliburton County**  
**Charity Prequalification Form**



*Please submit this form at least one week prior to the meeting so that we can confirm eligibility of the organization you are bringing forth. Once eligibility is verified, the charity will be added to our list of pre-qualified charities eligible for presentation and funding consideration at a future meeting. (Please print)*

NOMINATING MEMBER NAME	
NOMINATING MEMBER EMAIL	
ORGANIZATION NAME BEING NOMINATED	
CONTACT PERSON AT NOMINATED ORGANIZATION	
CONTACT PERSON'S PHONE	
CONTACT PERSON'S EMAIL	
ORGANIZATION'S STREET ADDRESS	
ORGANIZATION'S CITY, PROVINCE, POSTAL	
ORGANIZATION'S WEBSITE	
THIS ORGANIZATION'S CHARITABLE REGISTRATION NUMBER	
IF YOU RECEIVE AN AWARD, ARE YOU WILLING TO SEND A REPRESENTATIVE TO OUR NEXT MEETING TO SHARE HOW THE MONEY WAS, OR WILL BE, SPENT? (Y/N)?	
DO YOU AGREE <b>NOT</b> TO CREATE, SELL OR DISTRIBUTE A LIST WITH OUR MEMBERS' CONTACT INFORMATION? (Y/N)	
DO YOU AGREE <b>NOT</b> TO SOLICIT OUR MEMBERS DIRECTLY FOR FURTHER CONTRIBUTIONS (Y/N)?	

Signature \_\_\_\_\_ Date \_\_\_\_\_