



New members are eligible to nominate a non profit after their initial meeting.  
Members must be current in their support of previous recipients to nominate a nonprofit.

# PART 1: MEMBER NOMINATION FORM FOR A NONPROFIT ORGANIZATION

(to be completed by member)

## In order to be considered for funding, the following criteria must be met:

Our intention is that 100% of contributions stay in the state of Rhode Island to benefit local communities. The mission and constituency of the nominated nonprofit must meet this criteria. International or national nonprofits that do not work for the benefit of the Rhode Island community will not be considered.

### Contributions will not be made to:

- Organizations without 501(c)(3) tax-exempt public nonprofit status as defined by the Internal Revenue Service.
- Individuals.
- Organizations that: 1) Promote a particular political, religious, or ideological point of view; 2) advocate for a particular program of social or political action; 3) support specific public policies or legislation; 4) lobby.
- Religious institutions when the contribution would support sectarian activities.
- Organizations that discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, or sexual orientation in any of its activities or operations.

## 1. Your Information

MEMBER NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE (MOBILE) \_\_\_\_\_

## 2. Nonprofit Information

ORGANIZATION NAME \_\_\_\_\_ EIN NUMBER \_\_\_\_\_  
*(For certified 501(c)3 organizations)*

WEBSITE \_\_\_\_\_

ADDRESS & TEL. NUMBER \_\_\_\_\_  
*(Headquarters and where services are provided, if different)*

CONTACT AT NONPROFIT: \_\_\_\_\_  
*(Name, Title, Telephone, Email)*

IF SELECTED: Checks made payable to: \_\_\_\_\_ Online giving link: \_\_\_\_\_

Online giving instructions: \_\_\_\_\_

Tell us about your connection to this organization and what inspired you to nominate them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



MISSION STATEMENT & DATE FOUNDED \_\_\_\_\_  
(as stated by nonprofit)

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ANNUAL OPERATING BUDGET & ANNUAL OPERATING COSTS OF THE ORGANIZATION

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WHAT ARE THE CURRENT SOURCES OF FUNDING FOR THE ORGANIZATION? \_\_\_\_\_  
(e.g., annual drives, fundraisers, corporate funding)

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WHAT POPULATION DOES THE ORGANIZATION SERVE? \_\_\_\_\_

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HOW WOULD THE DONATED FUNDS BE USED? \_\_\_\_\_

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NUMBER OF INDIVIDUALS WHO WOULD BE IMPACTED BY A DONATION FROM 100 WOMEN WHO CARE RI

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ADDITIONAL INFORMATION ABOUT THIS ORGANIZATION? \_\_\_\_\_

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\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**3. Next Step**

Once you have completed this form, please send Part 2: The Nonprofit Agreement form to your contact at the nominated nonprofit. Ask them to return it to you along with: their 501(c)3 documentation, mission statement, their logo, photos for marketing, and any supplemental materials they would like to include.