

Organization Submission

Nominating Member's Name: _____

Signature: _____

Name of Organization: _____

Address: _____

Website: _____

Mission Statement: _____

The Organization serves the following population: _____

The donated funds would be used to: _____

The Organization's current sources of funding are: _____

The Organization is a registered not-for-profit/charity able to provide tax receipts. Y / N

Charitable Registration Number # _____

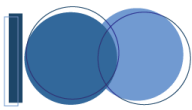
If the organization you are nominating is not registered, please provide the registered not-for-profit organization who will be sponsoring the organization with their charitable registration Number.

Sponsor Name _____ Charitable Registration Number # _____

If selected, someone from the Organization will/will not be available to speak at our next meeting to describe the impact of the donated funds. Y / N

The Organization agrees not to sell, give or use the 100 men who give a damn contact information for solicitations. Y / N

The Organization agrees that none of our donation will be used for administration costs. Y / N



men who give a damn
WINDSOR - ESSEX

If selected, cheques should be made payable to: _____

Please email us at men@100whocarewindsor.com

[WWW. 100WHOCAREWINDSOR.COM/MEN](http://WWW.100WHOCAREWINDSOR.COM/MEN)