

# 100+ Women Who Care Columbus, MS Organization Nomination Form



- *As a member in good standing of 100+ Women Who Care Columbus MS, I nominate the following nonprofit 501 (c)(3) organization to be considered for the Impact Award.*
- I will speak for 5 minutes about this organization if they are drawn as a finalist for an Impact Award OR be responsible for finding a member designee to speak on my behalf.
- If this organization receives the IA, I will participate as needed in acknowledging and promoting the 100 WWC IA and organization.

Please print information clearly

MEMBER NOMINATING	
MEMBER'S EMAIL (that is frequently checked)	
MEMBER'S PHONE NUMBER	
ORGANIZATION NAME	
ORGANIZATION'S STREET ADDRESS	
ORGANIZATION PHONE #	
CONTACT PERSON	
CONTACT PERSON'S PHONE #	
CONTACT PERSON'S EMAIL	
MISSION/PURPOSE OF THE ORGANIZATION	
SERVICE AREA OF THE ORGANIZATION	
ORGANIZATION'S WEBSITE	
MY RELATIONSHIP TO THE ORGANIZATION	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please submit this form 30 days prior to the meeting, so the organization can be vetted.* Completed Organization Nomination Forms may be scanned and sent via e-mail to [100wwccolumbusms@gmail.com](mailto:100wwccolumbusms@gmail.com) A copy of this form may be found on our website - [www.100wwccolumbusms.org](http://www.100wwccolumbusms.org)

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