

NOMINATING MEMBER'S

NAME: _____

100 KIDS WHO CARE IN SANTA FE

CHARITABLE ORGANIZATION FACT SHEET

NAME OF CHARITABLE

ORGANIZATION: _____

ADDRESS (HEADQUARTERS AND WHERE SERVICES ARE PROVIDED, IF
DIFFERENT): _____

WEB ADDRESS OF

ORGANIZATION: _____

WHEN THE ORGANIZATION WAS

STARTED: _____

MISSION STATEMENT OF

ORGANIZATION: _____

HOW WOULD THE DONATED FUNDS BE
USED? _____

WHAT ARE THE CURRENT SOURCES OF FUNDING FOR THE
ORGANIZATION? _____

WHAT POPULATION DOES THE ORGANIZATION SERVE AND HOW MANY WILL RECEIVE SERVICES ANNUALLY (APPROXIMATELY)?

IS THE ORGANIZATION A REGISTERED 501(C)(3) (IRS CERTIFIED TAX FREE STATUS) CHARITABLE ORGANIZATION? PLEASE NOTE: WHILE A NON 501 (C) (3) ORGANIZATION IS STILL ELIGIBLE FOR CONSIDERATION, CONTRIBUTIONS WILL NOT BE TAX DEDUCTABLE SO THEREFORE MEMBERS MUST BE AWARE OF THIS STATUS PRIOR TO VOTING:_____

IF SELECTED, WOULD SOMEONE FROM THE ORGANIZATION BE AVAILABLE TO SPEAK AT OUR NEXT MEETING TO DESCRIBE THE IMPACT OF THE DONATED FUNDS?_____

DOES THE ORGANIZATION AGREE NOT TO SELL, GIVE, OR USE THE 100 KIDS WHO CARE'S CONTACT INFORMATION FOR SOLICITATIONS BY THEMSELVES OR OTHER ORGANIZATIONS?_____

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IF THIS ORGANIZATION IS SELECTED BY THE GROUP, TO WHOM WOULD THE CHECK BE PAYABLE TO?_____

DOES ANY PORTION OF A CONTRIBUTION GO TO ADMINISTRATIVE FEES?_____

