

**NON-PROFIT FACT SHEET**

*Please fill out this fact sheet (attach an additional sheet if necessary) and e-mail to:**100WWCStephensonCounty@gmail.com* *or bring it to the next quarterly meeting.*

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| **Organization Name:** |  |
| **Organization Address:** |  |
| **Organization Contact Name** |  |
| **Organization Contact E-mail** |  |
| **Organization Contact Phone** |  |
| **Organization Website** |  |
| **Date Established** |  |
| **Mission Statement** |  |
| **How would the donated funds be used?** |  |
| **What are the current sources of funding for the organization?** |  |
| **Is the organization 501(c)3 certified?** |  |
| **What portion of the contribution will be used for administrative fees?** |  |
| **Has a representative from the organization agreed to speak at the next meeting to thank the members?** |  |
| **Will receipts be issued to each member for tax purposes?** |  |
| **Does the organization agree not to solicit members (donations, newsletters, etc.)?** |  |
| **Who should checks be made payable to?** |  |
| **Nominated by/date** |  |