



100 women who care  
MAUI

## Nomination Form

All items in **BOLD** must be completed for your nomination to be valid. PLEASE PRINT LEGIBLY.

**Your Name as Member and Nominator:** \_\_\_\_\_

**Your Email:** \_\_\_\_\_

**Your Phone:** \_\_\_\_\_

**Charity/Cause Name:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mission Statement:** \_\_\_\_\_

**Is the Cause a 501(c)3 nonprofit organization?**  YES  NO (if no, please contact us before nominating at 100WomenWhoCareMaui@gmail.com)

**100% of the Funds must be used in Maui County. Please confirm:**  YES  NO

**Who/What does this Cause/Organization serve?**

\_\_\_\_\_

**Recent Funding Sources:** \_\_\_\_\_

**If your cause is selected, how will the funds be used?**

\_\_\_\_\_

*The organization that is selected agrees not to use, give, or sell the contact information of our members for additional solicitation by them or other organizations.*

\_\_\_\_\_  
**Member-Nominator Signature**

\_\_\_\_\_  
**Date**

**For 100+ Women Who Care Maui use:**

Initial: \_\_\_\_\_

Membership Verified:

YES

NO

Donation Status Current:

YES

NO

Nomination Verified:

YES

NO