

100+ Women Who Care Maui Nomination Form

Nominator Name: _____

Email: _____ Tel: _____

Charity/Cause Name: _____

Email: _____ Tel: _____

Address: _____

Website: _____

Mission Statement: _____

Populations Served: _____

Other Sources of Funds: _____

How Are Funds Used? _____

Other Information: _____

Is the organization a
501(c)3 non-profit? YES NO
(NB: this status not required.)

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

Signature

Date

100womenwhocaremaui.org