
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? (Not required) YES NO

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

Who/What are the Beneficiaries? _____

Recent Funding Sources: _____

If your cause is voted the winner, 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

Nomination Verified: YES NO