

100 MEN WHO CARE-NOMINATION FORM

Charitable Organization Fact Sheet

updated March 2, 2023

1. Name of organization: _____

2. Address: _____

3. Mission statement: _____

4. Tax ID number for 501c3: _____

5. How would the donated funds be used? _____

6. What are the current sources of funding for the organization? _____

7. What population does the organization serve, (children, elderly, recreation, the art, etc.) And how many people receive services annually? _____

8. Does the organization agree not to sell, give or use the 100 Men's contact information for additional solicitations by themselves or other organizations? _____

9. Ratio of percent of funds that go towards administrative costs versus funds used for people being served? _____

10. Provide a financial summary: budget, income and expenses, debt, annual revenues, source of revenue _____

THIS MAY BE SHOWN ON A SEPARATE SHEET OF PAPER.

11. Provide as a separate document in WORD format a brief summary of your organization. This will be used in an email to our members to assist them in selecting an organization(s) to support.

SEE PAGE 2

100 MEN WHO CARE-NOMINATION FORM

Charitable Organization Fact Sheet

updated March 2, 2023, page 2

Contact Name of the organization: _____

Mailing Address of the organization: _____

Email Address: _____

Phone: _____

Name and phone number of member of 100 Men Who Care making nomination: _____

_____ Date of Nomination: _____

FINAL STEPS

1. Review form to make certain it is complete.
2. Email completed form to Marty Lyon, founder of 100 Men Who Care, marty@100menwhocarewoodrivervalley.com

Thank you very much for showing an interest in the philanthropy work being done by **100 Men Who Care**.