

**100 Women Who Care – Beaufort, SC**  
**Nomination Form**

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Is organization a 501(c)3\* ( ) Yes ( ) No *\*required*

Tax ID # \_\_\_\_\_

Date formed: \_\_\_\_\_

Describe the organization's services provided to residents of Northern Beaufort County:

\_\_\_\_\_  
\_\_\_\_\_

What is the annual budget?: \_\_\_\_\_ What is the annual income?: \_\_\_\_\_

Sources of Income: \_\_\_\_\_

What percentage of income goes to overhead: \_\_\_\_\_

Describe how the funds received would be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of nominating member: \_\_\_\_\_

Phone: \_\_\_\_\_