



Nomination Form

This form **MUST** be submitted two weeks prior to each meeting for new organizations and one week prior for previous organizations.

Name of Organization: _____

Website: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Contact Name/Title: _____

Is organization a 501(c)3? Yes No *501(c)3 status required for nomination*

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: _____

Name of alternate nominating member: _____ Phone: _____

Are you involved in the organization you are nominating and, if so, in what capacity?

No Yes In what capacity? _____

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