

**CHARITABLE ORGANIZATION FACT SHEET  
  
Please submit this completed form to** [**nrv100wwc@gmail.com**](mailto:nrv100wwc@gmail.com) **for approval at least one week prior to the next meeting.**All organizations up for consideration should have tax-deductible non-profit status, serve the New River Valley area, and be non-controversial.  
  
MEMBER SPONSOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Name of organization and EIN (Please provide legal name that can be verified through Charity Navigator and the IRS):**

**2. Physical address (Headquarters *and* where services are provided, if different):**

**3. Social media sites (website, Facebook, etc.):**

**4. When was the organization founded?**

**5. What is its mission statement?**

**6. How would donated funds be used? Why would a contribution from the 100+ WWC be critical to the organization’s mission?**

**7. What are the current sources of funding for the organization? Be prepared to answer financial questions related to overhead, budget, expenses, etc.**

**8. What population does the organization serve (children, women, elderly, disabled, etc.), and how many people receive services annually?**

**9. Is the organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable corporation? If not, please explain.**

**10. If selected, would someone from the organization be available to speak at the next quarterly meeting to describe the impact of the donated funds?   
Yes**  **No**

**11. Does the organization agree not to sell, give, or use the 100+ WWC members’ contact information for additional solicitations by themselves or other organizations?**

**Yes**  **No**

**12. Summarize the organization in two sentences.**