



# Charity Nomination Form

**Must be fully completed, signed by the nominating 100 Men member and Charity, and submitted via:**

- email to [info@100MenOshawa.ca](mailto:info@100MenOshawa.ca)
- printed & mailed / delivered to 100 Men of Oshawa, c/o McCam Insurance Brokers., 292 King St W, Oshawa, ON L1J 2J9

**Nominating 100 Men of Oshawa Member:** \_\_\_\_\_

Member's email address: \_\_\_\_\_

**Nominated Organization:** \_\_\_\_\_

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

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

**Contact (name, position, tel & email):** \_\_\_\_\_

Mission Statement: \_\_\_\_\_

Population(s) & Geographic Area Served: \_\_\_\_\_

**Local Project That Funds Would Be Used For:** \_\_\_\_\_

**Organization must be a not-for-profit charity registered with CRA & able to issue tax receipts**

**CRA Registered Charity #:** \_\_\_\_\_

**If selected to be one of the three charities presenting at a 100 Men of Oshawa meeting:**

- 100 Men of Oshawa will notify the contact above of being drawn as one of 3 charities presenting at the next mtg
- someone from organization will need to speak at the 100 Men meeting to describe the local project and impact of funds being requested, and answer any questions about the organization from our members

Any cheques will be made payable to:

- **Organization agrees to NOT sell, give or use 100 Men of Oshawa member contact info for solicitations?**

Yes ☐ No ☐

- **Does the organization agree that none of our donation will be used for administrative costs?**

Yes ☐ No ☐

**Note: Nomination form will be kept "in the hat" for draws for future meetings for 12 months, after which time a new nomination form will need to be completed and submitted.**

**Date:** \_\_\_\_\_ **Signature - 100 Men of Oshawa Member:** \_\_\_\_\_ **Signature on behalf of Charity (signature & print name):** \_\_\_\_\_