



Charity Nomination Form

As a member in good standing of the 100 Men Who Care Knoxville chapter, I nominate the following nonprofit organization to be considered for the group's next donation:

ORGANIZATION NAME AND WEBSITE	
ORGANIZATION ADDRESS & PHONE	
ORGANIZATION CONTACT AND EMAIL ADDRESS	
MISSION/PURPOSE OF THE ORGANIZATION, AND POPULATIONS SERVED	
SPECIFIC DETAILS ON HOW OUR DONATION WOULD BE USED	
WHY I WANT TO NOMINATE THE ORGANIZATION	
MY RELATIONSHIP TO THE ORGANIZATION	
ORGANIZATION'S 501c3 TAX ID NUMBER	

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Nominating Member Name

Contact Number and Email Address

Signature

Date

Please submit this form at least one week (5 business days) prior to the meeting so that we can confirm eligibility of the organization you are bringing forth. Once eligibility is verified, the charity will be added to our list of pre-qualified charities eligible for presentation and funding consideration at a future meeting.

Completed Nomination Forms may be scanned and sent via e-mail to 100 Men Who Care Knoxville (100menwhocareknoxville@gmail.com) or completed on-line.

The organization must agree to not to use, give, or sell the contact information of our members for additional solicitation by them or other organizations, and must sign the Charity Organization Donation Agreement prior to receiving the donation checks (see separate downloadable Agreement form). Member to confirm organization will agree to terms prior to nomination.