Community Purse

www.CommunityPurse.org

Charity Nomination Form

Please Print:

Community Purse Member Name _____

Community Purse Member Chapter _____

Email _____ **Phone** _____

Name of Charitable Organization _____

Contact Person _____

Street Address _____

City, State & Zip _____

Phone _____

Email _____ Website _____

Mission Statement _____

_____

Give a brief description of what the Charity does and the population they serve (men, women, children, disabled, etc.): _____

_____

Does the charitable Organization focus on residents in our area? Yes ☐ No ☐

Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status)? Yes ☐ No ☐

Organization's EIN #:_____ Year of most recent 990 filing: _____

What percentage of a donation goes to administrative fees?_____

Would someone from the organization be available to make an 8-minute presentation to our members and, if your charity is selected, would someone be available to return in 3 months to explain how the funds were used? Yes ☐ No ☐

Does the organization agree not to sell, give, or use Community Purse member's contact information for solicitations by their organization or other organizations? Yes ☐ No ☐

If the group selects your charity, what should we write in the "Pay to the order of" section of our checks?_____

Please submit this completed form to: info@communitypurse.org
Or mail to: P.O. Box 155, Lincolnshire, IL 60069