**[insert chapter name here]**

**Charity Prequalification Form**

*Please submit this form at least one week 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.*

(please print)

|  |  |
| --- | --- |
| NOMINATING MEMBER NAME |  |
| NOMINATING MEMBER EMAIL |  |
| ORGANIZATION NAME BEING NOMINATED |  |
| CONTACT PERSON AT NOMINATED ORGANIZATION |  |
| CONTACT PERSON’S PHONE |  |
| CONTACT PERSON’S EMAIL |  |
| ORGANIZATION’S STREET ADDRESS |  |
| ORGANIZATION’SCITY, STATE/PROVINCE, ZIP |  |
| ORGANIZATION’S WEBSITE |  |
| IS THIS ORGANIZATION A REGISTERED NONPROFIT (INCLUDE TAX ID NUMBER) |  |

signature

date