



Charity Nomination Form

Completed Nomination Forms may be scanned and sent via:

- email to info@100menajax.ca

Nominating member: _____

Member's email address: _____

Name of nominated organization: _____

Contact name and phone #/email address: _____

Address: _____

Website: _____

Mission Statement: _____

The organization serves the following population(s): _____

Donated funds will be used to: _____

If the organization is not selected, would you like to resubmit it for nomination at our next meeting?

- Yes
- No

Is the organization a registered not-for-profit charity able to provide tax receipts?

- Yes
- No

Charitable Registration #: _____

If selected, will someone from the organization be available to speak at a future meeting to describe the impact of the donated funds?

- Yes
- No

Has the organization been informed that a representative from 100 Men of Ajax may be contacting them for more information and/or to notify them of successful selection?

- Yes
- No

Does the organization agree not to sell, give or use the 100 Men of Ajax contacts for solicitations?

- Yes
- No

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

- Yes
- No

If selected, cheques should be made payable to: _____

Date:

Signed:

Print Name:
