



## **Power of 100+ Women – Chico**

*Scan this form and proof of your non-profit status to:*

**Organization Name:**

**Address:**

**Contact Name:**

**Contact Email:**

**Contact Phone:**

**Website:**

**Organization Mission Statement:**

**Date Established:**

**How would donated funds be used?**

**501c3 Number OR Name of 501c3 Umbrella Organization you're under:**

- I agree not to use, give or sell the contact information of your members for additional solicitation by us or other organizations.
- I agree to provide thank you/tax receipts to contributing members.
- I agree to provide Power of 100+ Women – Chico with our logo for advertising purposes.
- I understand that funds are to be used for a specific project and not every day operating expenses.
- I agree to attend, or send a representative, to two meetings if selected.

\_\_\_\_\_  
*Signature and Title*

\_\_\_\_\_  
*Date*