PREQUALIFICATION FORM

If you would like to nominate a local 501.c.3 charitable organization for consideration by **The Power of 100 People Who Care – Corvallis/Benton County** chapter, please complete this form. "Local" means an organization that serves Corvallis/Benton County (though it may also serve neighboring counties).

If you have questions, contact powerof100pwc@gmail.com or see https://powerof100whocarecorvallis.org/

Nominating Member's Name:	
Nominating Member's Email Address:	
Organization's Name:	
Contact Person at Organization: (include name & title)	
Contact Person's Phone Number:	
Contact Person's Email Address:	
Organization's Website:	
Organization's Online Donation site:	
Is the organization a registered 501.c.3 nonprofit organization? (if known, enter EIN#)	**Yes ☐ No ☐ Not Sure ☐**
Is the organization part of a larger nonprofit organization? (enter name)	**Yes ☐ No ☐ Not Sure ☐**
If selected, checks should be made payable to:	
If selected, someone from the organization will be available to speak at the following 100 People Who Care meeting to describe the impact of our donation	**Yes ☐ No ☐ Not Sure ☐**

Completed form should be scanned and sent to powerof100pwc@gmail.com

prior to the quarterly meeting for verification of non-profit status