

100 People Who Care Walton County  
**Charity Nomination Form**

As a member in good standing of 100 People Who Care Walton, I nominate the following nonprofit organization to be considered for the group's next donation:

ORGANIZATION NAME	
ORGANIZATION ADDRESS/PHONE	
ORGANIZATION CONTACT	
MISSION/PURPOSE OF THE ORGANIZATION	
ANNUAL BUDGET AND OTHER FINANCIAL INFORMATION	
SERVICE AREA AND WHOM THE ORGANIZATION SERVES	
SPECIFIC DETAILS ON HOW OUR DONATION WOULD BE USED	
MY RELATIONSHIP TO THE ORGANIZATION	

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Nominating member name

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Contact number and/or email address

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Signature

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date