



**100 Men Who Care Hilton Head Island
Charity Nomination Form**

As a member in good standing, I nominate the following nonprofit organization to be considered for the group's next presentation. If selected, I would be prepared to present a 5 minute presentation for the group:

| | |
|---|--|
| Organization Name | |
| Organization Address | |
| Organization Contact and Phone | |
| Mission /Purpose Of Organization | |
| Annual Budget | |
| Service area of The Organization | |
| Specific details of how our donation will be used | |
| Your relationship with the Organization | |
| Organization EIN# | |

Nominating member name

Date

Contact number and/or email address