

100+ Women Who Care Anchorage Charity / Non-Profit Pre-Qualification Form

Chapter Member Name (SUBMITTER): _____

Member Email: _____

Name of Organization: _____

Does the Organization have IRS 501c3 status? _____ YES _____ NO

If YES, their IRS 501c3 Number: _____

Organization Contact Name: _____

Phone Number: _____

Email: _____

Website: _____

Mailing Address: _____

Physical Address: _____

Mission Statement of Organization: _____

Number of People Organization Serves in Anchorage-Area: _____

Does the Organization agree to not to use, give or sell the contact information of our members for additional solicitation by them or other organizations? _____ YES _____ NO

Chapter Member Signature: _____ Date: _____