



WOMEN
who care
about Long Island

Charity Pre-Qualification Form

Charity Name:

Local Address:

City, State, Zip:

Is the charity a 501(c)(3) organization?

Yes

No

Is the charity located in, and does it serve, Nassau and/or Suffolk Counties?

Yes

No

Does the Charity operate under the umbrella of another organization?

Yes

No

Please provide the organization's Tax ID Number for verification of non-profit status:

When was the organization started?

If so, which one?

Briefly describe the services the organization offers to Nassau and Suffolk Counties:

Please describe what the funds will be used for:

Contact Name: Title:

Contact Phone: Website:

Contact E-Mail:

If the organization is selected, to whom should donation checks be payable?

Name of Nominating Member:

Phone Number: