

# **100+ Men Who Care TLH**

## **501(c)(3) Charity Nomination Form**



Please submit this form at least 10 days prior to the scheduled meeting in order for us to confirm the nominated organization's eligibility. Once verified it will be added to our list of pre-qualified charities for presentation and funding consideration.

Member Name \_\_\_\_\_

Member Email \_\_\_\_\_

Organization for Nomination \_\_\_\_\_

Organization Contact Person \_\_\_\_\_

Contact Email \_\_\_\_\_

Organization Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Organization Website \_\_\_\_\_

Non Profit Organization Tax ID # \_\_\_\_\_

Member Signature \_\_\_\_\_

**Contact Jim Wylie with questions: 850-567-1705; [fjameswylie@gmail.com](mailto:fjameswylie@gmail.com).  
Mailing address: 1314 Hollow Oak Circle, Tallahassee 32308**