



100 WOMEN WHO CARE

Troy

est. 2016

100 Women Who Care, Troy (100WWCT) Charitable Donation Acceptance Agreement

1. Please complete the form below and return as soon as possible.
2. You are welcome to spread the word about 100WWCT's impact via social media and the press. The larger we grow our group, the greater the impact we can make for charitable organizations around Troy and southeast Michigan.
3. We will provide contact information for each member. Please send a one-time thank you to each contact along with the tax receipt with two (2) weeks of receiving funds via email or regular mail. Thank you notes may include additional information about your organization or volunteer opportunities. Our organization states that charities are not permitted to solicit our members or put their information into your database for future giving.
4. Your organization will be eligible to be nominated again after a two-year cycle.
5. A representative from your organization will need to attend our next meeting to discuss the impact of our support. You will have 10 minutes to talk (no slides or videos please) about the impact of the funds on your organization. We will also present the "check" for press coverage and take photos.
6. Thank you and congratulations!

Richard M. Schulze Family Foundation (RMSFF) (Founder of Best Buy)

- 100WWCT has been fortunate to be accepted into a program with RMSFF which provides 50% of the total donation raised in matching funds.
- Please notify the nominating member upon receipt of donation. The member will notify the 100 Women Who Care, Troy Board.

Grapevine Information:

- Many of our members have chosen to make their donations through Grapevine. Grapevine disburses donations to organizations on a monthly basis, once the processing threshold of \$100 has been reached. The organization should receive an email when a disbursement is made.
- If your organization is part of the Bill.com network, you will receive your disbursement via direct deposit. If your organization is not part of the network, you will be contacted via email with the option to join the network in order to receive direct deposits. If you do not accept, the disbursement will be sent via check in the mail. Note: There is no fee for a nonprofit to join the Bill.com network to receive funds.
- Grapevine may request a W-9 form to verify EIN status.
- Grapevine has partnered with Social Good Fund, a 501(c)3 public charity (EIN 46-1323531), to facilitate all donations. This is a Donor Advised Fund that distributes funds to nonprofits.



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RETURN FORM WITHIN 10 DAYS OF MEETING. All blue fields must be completed.

Email completed form to: 100womenwhocaretroy@gmail.com

Nominating Member Name: _____

Meeting Date: _____

Charitable Donation Acceptance Agreement

100 Women Who Care, Troy is pleased to present _____ (*Charity Name*) with a monetary donation.

By accepting this donation, _____ (*Charity Name*) agrees:

- To the Terms and Conditions noted in the Acceptance Agreement above.
- Donation must be utilized for the purpose requested and must benefit those within the Troy and southeast Michigan area.
- 100 Women Who Care, Troy donors name and/or contact information will not be used for future solicitations or publicity.
- To email/mail personal receipts/acknowledgment letters for tax deduction purposes to each 100 Women Who Care, Troy member within two (2) weeks of donation receipt.

The name "100 Women Who Care, Troy" may be used to recognize and/or publicize this donation.

Non-compliance of this agreement will result in denial of considerations for future donations from 100 Women Who Care, Troy.

Charity Impact

This information MUST be provided.

- ***Mission Statement***

○ _____

- ***How will it impact our community (Troy and southeast Michigan area)?***

○ _____



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• **What “population” is being served?**

○ _____

• **How specifically the donation will be utilized?**

○ _____

Printed Name & Title of Charity Representative: _____

Charity Representative Phone Number: _____

Charity Representative Email Address: _____

Charity Website: _____

EIN Tax Id #: _____

Street Address, City, State, Zip: _____

Date: _____

Signature: _____