Date:

WOMEN’S LEADERSHIP NETWORK DONATION REQUEST

WLN member requesting donation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

Phone number:

Organization name: Organization address: Organization City/State/ZIP: Federal Identification Number:

\*\*\* Attach Proof of Nonprofit 501(c)3 status

Dollar amount of donation requested:

How does this donation directly impact the mission of Women’s Leadership Network and the local community?

**Submit request to** **info@dubuquewln.org****. Member will be notified by email upon of receipt of request.**

WLN Donation Criteria

• The board’s directive is to donate to each organization’s approved donation request once per 12 months.

• The request must be made by a current paid member.

• The member must indicate how donation directly impacts WLN mission &

vision.

• Organization must be a local non-profit organization.

• Federal ID # must be provided.

• Email of approval or denial will be delivered upon request receipt by the board Secretary.

Final determination based upon:

• Impact WLN

• Mission related

• Non-profit status