

WOMEN'S LEADERSHIP NETWORK
DONATION REQUEST

Date: _____

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