

WOMEN'S LEADERSHIP NETWORK  
DONATION REQUEST

Date: \_\_\_\_\_

Requested by (WLN Member): \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Requested Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization City/State/ZIP: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

If your organization is a 501(c)(3) attach proof of exemption status.

Dollar amount of donation request: \_\_\_\_\_

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

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**Submit this request form to our email [info@dubuquewln.org](mailto:info@dubuquewln.org).**

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WLN Donation Criteria

- Board directive to donate to each organization once per 12 months.
- This 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, and proof of their nonprofit status as well as their Federal ID # must be provided.
- Complete this donation request form.

Final determination based upon:

- Impact WLN
- Mission related
- Non-profit status
- Availability of annual budgeted board directed funds.