



Women
WHO CARE
POLK • BURNETT

100 Women Who Care - Polk/Burnett

PO Box 624

Siren, WI 54872

100wwc.pb@gmail.com

www.100wwc-pb.weebly.com

NON-PROFIT APPLICATION

Organization Name _____

Organization Contact Information:

Email _____ Phone _____

Key Contact:

Name _____ Title _____

Email _____ Phone _____

Organization Mission

Description of Activities

Sources of Funding

Geographic Area of Services

Non-Profit Certification: *(Please attach a copy of your 501(c)(3) document with your application.)*

Date of Designation _____ EIN Number _____

Thank you for submitting your application. Please mail or email your completed information to:

100 Women Who Care – Polk/Burnett, PO Box 624, Siren, WI, 54872

or 100wwc.pb@gmail.com