



Hops for Humanity

Charitable Organization

Fact Sheet

1. Name of Charitable Organization:

2. Address: (Headquarters and where services are provided, if different)

3. When was the organization started?

4. Mission Statement of the Organization:

5. How will the donated funds be used?

6. What are the current sources of funding for the Organization?

7. What population does the Organization serve? (children, women, elderly, mentally ill, etc.) AND how many people receive services annually (Approximately if known)?

8. Is the Organization a registered 501(c)(3) (IRS Certified Tax Free Status) charitable Organization?

9. If selected, is someone from the Organization available to speak at our next meeting to describe the impact of the donated funds?

10. Does the Organization agree not to sell, give or use the Hops for Humanity contact information for solicitations by themselves or other organizations?

11. If this charity is selected by the group, to whom would the check be payable to?

12. Does any portion of a contribution go toward administrative fees?

To be completed by Member leadership post donation:

Meeting Date: Chosen Charity: Did a representative from the chosen charity present at the following meeting to describe the impact of the donated funds? Please describe: How much money was actually collected and donated to the charity? _____

I, _____ representative of _____ (Name of representative) (Name of charity) Acknowledge our understanding that we are prohibited from using membership information for future solicitations or any other public use or purpose: Signature: _____ Date: _____
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