

# 100+ WOMEN WHO CARE CHARLOTTESVILLE



## Charitable Donation Acceptance Agreement

100+ Women Who Care is very pleased to present  
\_\_\_\_\_ NAME OF ORGANIZATION \_\_\_\_\_ with a donation  
in the amount of \$\_\_\_\_\_.00.

By accepting this donation from 100+ Women Who Care,  
\_\_\_\_\_ NAME OF ORGANIZATION \_\_\_\_\_ must agree that  
they will NOT use the individual donor's name for future solicitations  
or to publicize donor information.

They may use the name "100+ Women Who Care" to publicly  
acknowledge this donation.

Non-compliance of this agreement will result in removal of  
\_\_\_\_\_ NAME OF ORGANIZATION \_\_\_\_\_ from future  
consideration.

\_\_\_\_\_ NAME OF ORGANIZATION \_\_\_\_\_ Representative:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE