

EUUC NOMINATION FORM FOR SUNDAY OFFERING RECIPIENT

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Print

Website: \_\_\_\_\_ 501 (c)(3) \_\_\_\_\_ yes \_\_\_\_\_ no

Mission of Organization: \_\_\_\_\_

Percentage of donations going to administration: \_\_\_\_\_

Percentage of donations going for direct services ("the cause"): \_\_\_\_\_

Why you think this organization deserves the support of EUUC offerings:

Impact this donation would have:

Printed Name(s) of Person(s) nominating the organization:

\_\_\_\_\_

Signature(s) of Person(s) nominating the organization:

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Please attach any documentation you have on the organization. Thanks!! Return to the Sunday Offering Mail Box by the Administrator's Office.

NOMINATION OF AN ORGANIZATION DOES NOT INSURE SELECTION.