



UUSMV Share the Plate Nomination Form

Your Name:

Your Phone:

Your Email:

Name of nominated recipient organization:

1. Purpose of organization (Quote from mission statement if possible.)
2. Do you have a relationship with this organization? If so, what?
3. How does the organization's purpose relate to UUSMV mission, principles, and values?
4. Geographic area served (e.g., local, regional, state, global)
5. Is there an immediate financial need for this organization? If so, please explain.
6. Is this a 501(c)3 organization? If not, indicate its non-profit status.
7. Are there ongoing ways UUSMV members and friends could be involved as volunteers with this organization? If so, please specify.
8. Whom should we contact if the organization is chosen as a recipient?

Organization address:

Organization website:

Organization contact person:

Organization phone:

Organization email:

Submit this form to Reverend Bill

5/29/17