

Charity Register Questionnaire

| Organization Name: | |
|---|---------------------------------------|
| Address: | |
| Phone: | |
| Website: | Direct link for donations (optional): |
| Social Media: | |
| Executive Director: Email (Optional): | |
| Development Director (Optional): Email (Optional): | |
| Board Chair (Optional): | |
| Who We Are (100 words or less): | |
| What We Do (100 words or less): | |
| Why We're Important (100 words or less): | |
| How We Impact the Community (100 words or less): | |
| How You Can Help (100 words or less): | |
| Events to be listed in the annual caler | ndar (please list date and event): |

Please return this completed form to sophisticatedgivingcolumbus@gmail.com