



## Charity Nomination Form

Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Website \_\_\_\_\_

Year Organization became non-profit \_\_\_\_\_ IRS Status \_\_\_\_\_

If you were chosen as a beneficiary, how would the money be used?

History of Organization:

Commitment: By signing below I attest that I have authorization to represent the named charity and commit to meeting the requirements stated in step 2 of this nomination form. I agree to give permission to be contacted by Miss Gay Texas Pageant System and confirm that my submission is made with honesty and that the nominee's needs are real. I understand that if a representative is not present at the State Pageant in September, the organization I represent may not receive any funds

---

Name of Organization

---

Signature Date