

**Beneficiary Interest Form**

GRAWL raises money for Greensboro nonprofits through our ladies arm wrestling brawls. We are especially interested in helping nonprofits fund projects that specifically serve local women or girls.

Preference will be given to 501(c)(3)s that are:

* located in Greensboro,
* founded by or run by women,
* able to publicize and actively participate in the brawl,
* and provide services to women or girls.

Please provide the following information about your organization, along with a copy of your most recent IRS 990 filing. Feel free to attach a letter or additional materials to show us what your organization does.

**Name of nonprofit:**

**Address:**

**Person at your organization who will be GRAWL’s main contact:**

**Main contact phone number and email address:**

**Describe the mission of your organization:**

**Describe the demographic population your program serves:**

**How would you use the proceeds from this brawl? (Examples: a specific project, certain operational costs, specific materials, etc.)**

**Is there a certain amount you need to raise to accomplish the above described goals?**

**Is there any other relevant information we need to know about your organization or this project you would like to fund?**

To make each brawl a success, we need a committed partner.

We expect our beneficiaries to commit to the following responsibilities:

* Provide a woman to arm wrestle on behalf of the organization.
* Provide volunteers for the event.
* Promote the event.
* Create a trophy for the winner of the brawl.
* Solicit prizes for a raffle.
* Communicate with GRAWL about how the funds are spent.

By completing this form, you agree that your organization is willing and able to complete all the above responsibilities.

As a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Print Name

agree that in exchange for brawl proceeds, I agree to carry out the above terms on behalf of my organization to the best of my ability.

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Signature Date