



**ANNUAL RAFFLE QUILT
NOMINATION REQUIREMENTS AND FORM**

CHARITY NAME _____

CONTACT NAME _____

PHONE NUMBER _____

EMAIL _____

Please review and initial the following:

_____ I have obtained a letter from the organization stating its purpose and describing its services

_____ I have discussed the time and ticket sales requirements with the charity contact

_____ I have provided my name, address and phone number to the charity for future contact

_____ I agree to be the Guild liaison between the Charitable Activities Chair and the charitable organization until the Raffle Quilt proceeds are presented at the June Guild meeting.

NSQG Member

Please return this completed nomination form no later than March 15th to the VP Charitable Activities, contact at charitable@northernstarquilters.com