



2019 Non-Profit of the Year

Qualifications

1. Nominee must be an active 501-C-3 organization located or operating in Orange County.
2. Nominee must be a member in good standing with the Greater Irvine Chamber of Commerce.
3. Nominee must meet the following requirements:
 - Demonstrated benefits of service.
 - Be able to provide quantitative results of initiatives.

Nominee Contact Information

Company Name	
Address	
Contact Name & Title	
Phone	
Email Address	

Background

Company Description

Please provide the nonprofit organization's mission statement and/or charitable endeavors.

Chamber Involvement & Support

Is the nominee involved in any Chamber initiatives and/or activities?

Community Involvement

List organization's youth programs, education, in-kind donations, volunteer numbers and/or community impact.

Business Standards

Discuss nominee's business ethics, customer service standards, environmental stewardship practiced, etc.

Additional Details

Please attach any additional examples of the impact of organization's endeavors within the community.

Nominated By

Name (printed)	
Signature	
Date	

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Please submit completed applications to:

Greater Irvine Chamber of Commerce
Attn: Kaitlynn Irvine
36 Executive Park, Suite 100
Irvine, CA 92614
kirvine@irvinechamber.com
Phone: 949.502.4120
Fax: 949.660.0829



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Greater Irvine Chamber of Commerce** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Greater Irvine Chamber of Commerce** to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.