Nomination for 2026 Nonprofit Partner

Turn in nominations at the front desk or Information Table or email beth@oaklandcsl.org





My nomination	
Name of nonprofit organization	on:
Name and title of contact at o	rganization: (e.g. Volunteer Coordinator):
Address:	
Telephone:	Email:
Website:	
Federal ID Number/Non-Proft	Status
A brief description of the world	k they do. (Attach brochures or newsletters if available.)
	nnection to this nonprofit organization: A personal connection or experience is
required.	
What spiritual principles do th	ney embody?
nformation about me: Name:	
Telephone (indicate whether	day or evening):
	day of evening).
E-mail:	
A brief outline of my history w	vith the Oakland Center for Spiritual Living:
-	anization is selected, I agree that (if needed) I will (1) attend a planning meeting, (2)
	nis nonprofit organization to arrange their Sunday speaking date at the Center, and/ e Sunday they visit the Center.
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