



# THE ACTS OF KINDNESS AWARDS™

Celebrating Excellence!

## NOMINATION FORM

Entrants must be eighteen (18) years of age or older and a resident of Marion County, Florida, by date of entry, and accessible via both e-mail and phone

Please complete this form and submit it along with the required supporting documentation noted below.

**NOMINATOR:**

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Nominee(s): \_\_\_\_\_

I wish to nominate the person/group below for the following award category:  
(Limit one (1) entry per Award Category)

**AWARD CATEGORIES:**

- Good Samaritan-Hero Award
- Outstanding Human Service Award
- Outstanding Community Service Award

**NOMINEE** (If a group nomination, please list key contact person):

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Name of Group: \_\_\_\_\_  
(If a group nomination)

