

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	t Name:	Last Name:	Suffix:	
Employer:		Title:		
Business Address	:			
City:	State:	Zip Code:		
Business Phone:	Mobile:	Email:		
Relationship to N	ominee(s):			
	e the person/group below for the try per Award Category)	e following award category:		
AWARD CATE	GORIES:			
	Samaritan-Hero Award Inding Human Service Award	Outstanding Comm	unity Service Award	
NOMINEE (If a	group nomination, please list ke	y contact person):		
Prefix: Fir	st Name:	Last Name:	Suffix:	
Name of Group:				
(If a group nomina	ation)			

Are you or is the nominee (and all other entrants, if a group nomination) eighteen (18) years of age or older?

☐ YES ☐ NO			
Address:			
City:			
Phone:	Mobile:	Email:	
Best day/time to be contacted:			
How have you or the entrant(s) bein specific examples. Attach additiona			gory? Include
I confirm that the information pronomination.	ovided on this Nomin	nation Form is accurate. I here	eby endorse the
Nominator's Signature:			
	Sigr	nature	Date
Nominee's Signature:	Sign	ature	Date
*REQUIRED SUPPORTING D	C C		Duie
 Nomination form Current biography Recent color photograph 			
OTHER INFORMATION:			
• Send completed Nomination Accolade Celebrations, Attn: Nominations P.O. Box 770671 Ocala, FL 34477	ations, eligibility, submission requirements, the award prize, etc., please visit our website at <u>www.accoladecelebrations.com</u>		