



Miracles Miracles and More Miracles

ANNUAL
Gala & Banquet
Lupus/Cancer Awareness



NOMINATION FORM

Dear Nominator,

Thank you for taking time to submit your nomination. This nomination form should be used to submit the name of a candidate for one of the awards that will be presented at Miracles Miracles and More Miracle Annual Gala, and should be submitted by the indicated deadline. **Please attach to this form a typewritten short/ brief bio of nominee that includes supporting material for your nominee** (nominee bio should be limited to 130 or less if over they will be truncated due to program book space), **also include a head shot photo.**

If you have any question please contact Sandi Collins: (call / text) 404 - 441-1122 or Email: miraclesreachout@aol.com

Nominator (Information about you)

Full Name (write information on line above)

Date :

Contact Number

Email

Address

City

State

Zip

Nominee (Information about the person you are nominating)

Your relationship to Nominee (Example: Family Member, Friend, Co-Worker, Colleague, Church Member, etc)

Nominee's Full Name (write information on line above)

Contact Number

Email

Address

City

State

Zip

Company/ Organization (If applicable)

Title/ Position

Please provide a brief statement for why you are submitting this person for an award :
(You can submit this information along with your other attachments to this form).

Nominator's Signature