

2017 Humanitarian Award Nomination Form

Name of

Nominee: _____

Mailing Address:

Primary Phone Contact:

Email Address:

Nominated by: **Self** **Organization*** **Individual***

***Name:**

***Name of Organization:**

***Contact Information- Phone:** _____ **E-**
mail: _____ **Attached:** **Bio/resume** **Description of**
Service Activities

Letters of Support **Copies of Awards/certificates**

Deadline for submission: November 10, 2017.

Documents maybe mailed to P.O. Box 354925, Palm Coast, FL 32135,

or sent electronically to administrator@almhhi.org