2018 AWARD NOMINATION FORM

Recommendation for ____________________________________________ AWARD

Name of Award

The _____________________________ hereby nominates the following for the above Local Chapter of The Arc Award:

_____________________________________________________________________

(Name of Person, Organization, or Family as it should appear on the Award)

Title, if applicable:  ___________________________________________________

Address:  _________________________________________

City:  _________________ State:  __________ ZIP:  __________

Telephone:  _____________________________________

Reason(s) for this Nomination:

Name and Title of Person submitting Nomination:

_______________________________    ________________    ______________

(Signature)   (Title)    (Date)

Name of Nominating Local Chapter of The Arc:  ________________________________

Local Chapter Address:  ____________________________________________________

Local Chapter City:  _________________________  State:  _________  ZIP:  _________

Local Chapter Telephone Number:  _______________________________________
A Local Chapter of The Arc of Alabama should complete this form and return it with supporting letters and documentation by Thursday, October 18, 2018 to The Arc of Alabama, Inc., 557 South Lawrence Street, Montgomery, Alabama 36104. Please do not submit electronic copies.