

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.