

## 2016 PHILANTHROPIST OF THE YEAR AWARD NOMINATION FORM

## **Nominee Information** Phone: (home)\_\_\_\_\_\_(office):\_\_\_\_\_\_ E-Mail:\_\_\_\_ **Nominator Information** Nominator Name: Chapter (if applicable): Address: Phone: (office) Please attach a letter explaining the reasons your nominee is deserving of this award. This letter must include the following information with specific examples. Judging for the award will be based on: □ Shows financial Support: Evidence of direct gift support to the specialty of Family Medicine through the AAFP Foundation. The expectation is that the nominee will have been at the President's Club level (\$1,000) or above for the given year. 2015 Gifts to the AAFP Foundation: \$ (to be completed by the AAFP Foundation) Please feel free to share any 2015 Gifts to the Constituent Chapter if you desire. \$\_\_\_\_\_ Volunteers and/or is in a leadership role: Description of the volunteer or leadership roles which helped the AAFP Foundation achieve its mission. Please list volunteer and/or leadership roles: □ **Encourages philanthropy in others:** Description of how the nominee has encouraged philanthropy in other AAFP members in support of the AAFP Foundation and its mission.



☐ <b>Is philanthropic in his/her community:</b> Description of the nominee's other philanthropy leadership in his/her community.	
	Please list volunteer roles:
	1
	2
	3
	4
-	nee received a Philanthropist of the Year Award from his/her Chapter Foundation?
Yes	Nounknown Chapter Foundation does not currently have such an award.
Please re	turn this form and your nomination letter, via email or postmarked by April 15, 2016, to:  Brenda Cherpitel  American Academy of Family Physicians Foundation
	11400 Tomahawk Creek Parkway, Suite 440
	Leawood, Kansas 66211

The American Academy of Family Physicians Foundation advances the values of Family Medicine by promoting humanitarian, educational and scientific initiatives that improve the health of all people.

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