

Homeless Awareness Week 2014

Spirit of Achievement

Client Nomination Form

If your nominee is selected for an award, they will be given a free ticket to the luncheon. Additional tickets for any guests of the awardee must be paid for by the nominating agency or the guests.

CLIENT INFORMATION: Contact information for the nominee

Last Name: _____

First Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email (if available): _____

Has nominee been informed of the Nomination/Selection process? YES NO

ORGANIZATION INFORMATION: Contact information for the person submitting the nomination

Last Name: _____

First Name: _____

Company/Agency Name: _____

Program(s): _____

Phone: _____

Email: _____

On a separate page, please briefly describe (150 -200 words) the specific qualities and/or skills the nominee possesses that define him/her as going "above and beyond" in furthering the Coalition's mission and work.

ALL NOMINATIONS MUST BE RECEIVED BY

Wednesday, OCTOBER 15, 2014

RETURN FORMS TO:

EMAIL jacqueline@lbscares.com FAX: (313)450-4512, Attn: Jacqueline Nowden