NOMINATION FORM

LEADING WOMEN/LEADING GIRLS BUILDING COMMUNITIES RECOGNITION PROGRAM

NOMINEE INFORMATION:			
Name			
Name to appear on Recognition Cer	· · · · · · · · · · · · · · · · · · ·		
las the Nominee received this Reco	ognition Certificate in the pas	t? Yes No No	
Iominee Home Address			
ity/Town	Province	Postal Code	
Iominee Mailing Address (if differe	nt from above)		
ity/Town	Province	Postal Code	
		Cell	
ominee Email			
IPP INFORMATION:			
ame		Ridingates will be forwarded to the MPP's mail	
(B) SUPPORT (B) LETTERS OF SUPPORT thers based on the three questions	tters and Recognition Certific RTING DOCUMENTS: AT Letters should be unique an	Riding Riding Riding Rides will be forwarded to the MPP's mail FACH TO NOMINATION FORM Show how the nominee's work has imported the author of the recommendation	ing address.
(B) SUPPORT (B) LETTERS OF SUPPORT thers based on the three questions rganization she/he represents.	RTING DOCUMENTS: AT Letters should be unique an listed in this section. Please i	TACH TO NOMINATION FORM	roved the lives o

CONTACT INFORMATION

3. Please specify the number of volunteer hours the nominee contributes annually. _____ hours