



# 2014 Terrance Keenan Institute for Emerging Leaders in Health Philanthropy

## N O M I N A T I O N F O R M TO ACCOMPANY LETTER OF NOMINATION

*Please complete this form as an attachment to your nomination package.  
This form may be photocopied.*

### NOMINEE

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### NOMINATOR

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Nominations must be received by **May 1, 2014**.*  
Please email nomination materials to [ktreanor@gih.org](mailto:ktreanor@gih.org)

You may also mail a hard copy to:  
Terrance Keenan Institute Selection Committee  
Grantmakers In Health  
1100 Connecticut Avenue, NW • Suite 1200 • Washington, DC 20036  
*Phone: 202.452.8331 • Fax: 202.452.8340*



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## R E F E R E N C E

FOR ADDITIONAL INFORMATION

*For your convenience, this form may be used to second the nomination of an individual for the Terrance Keenan Institute. Letters of endorsement are not necessary; however, you may be contacted by the award selection committee. This form may be photocopied.*

### REFERENCE

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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