

THE TERRANCE KEENAN LEADERSHIP AWARD 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 biographical profile of the nominee explaining why the nominee should receive the Terrance Keenan Leadership Award.
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 **September 5, 2014.***

GRANTMAKERS IN HEALTH

1100 Connecticut Avenue, NW • Suite 1200 • Washington, DC 20036

Attention: Terrance Keenan Leadership Award Committee

Phone: 202.452.8331 • **Fax:** 202.452.8340

THE TERRANCE KEENAN LEADERSHIP AWARD IN HEALTH PHILANTHROPY

R E F E R E N C E S

FOR ADDITIONAL INFORMATION

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

REFERENCE NO. 1

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

REFERENCE NO. 2

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

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