

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: _____

Email: _____

NOMINATOR

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

*Please email nomination packets to Kate Treanor at ktreanor@gih.org.
Nominations must be received by November 4, 2016.*

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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: _____

Email: _____

REFERENCE NO. 2

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

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