

# 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 6, 2013.***

**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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