



BESTOWERS FOUNDATION

Spend out of what Lord has provided for you seeking His pleasure alone

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NOMINATION FORM FOR "PATIENT PERSON OF THE YEAR" GRANT

NOMINEE			
First Name:		Last Name:	
Phone:		District & Country:	
NOMINATOR			
First Name:		Last Name:	
Phone:		Email:	
QUESTIONNAIRE & REFERENCES			
A. Please tell us how you know the nominee? Describe at least one incident that motivated you to submit this nomination. Describe reasons why the nominee should receive this grant.			
B. Provide five non-relative references who know the nominee and his family very well.			
1. Name:		Phone:	
2. Name:		Phone:	
3. Name:		Phone:	
4. Name:		Phone:	
5. Name:		Phone:	
SIGNATURE OF THE NOMINATOR			
<input checked="" type="checkbox"/> I do hereby certify that above information is correct and true.			
Signature:		Date:	