

HEART OF GOLD NOMINATION FORM

NOMINEE INFORMATION

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

CONTACT INFORMATION

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

MY HEART OF GOLD NOMINEE HAS MADE DeKALB COUNTY A BETTER PLACE BY:

You may include photocopies of letters, clippings, or other information to tell your nominee's story. Completed forms should be sent to the DeKalb County Community Foundation at the above address or e-mailed to Diane Wilson at dwilson@dekalbfoundation.org.