ASSEMBLYMAN TOM McKEVITT'S 2009 WOMEN OF DISTINCTION

Nomination Form

Name of Nominee: _____

Address of Nominee: _____

_____

Zip Code: _____ Telephone: _____

I wish to nominate the above-named woman for Assemblyman Tom McKevitt's WOMEN OF DISTINCTION award in the following category (please circle the appropriate category):

Business	Community/Civic Affairs
Education	Health Care
Humanitarian	Government
Military Affairs	Volunteer

Other _____

(Individuals must be at least 18 years of age or older to be eligible to receive an award.)

In the space below, please type or print a description of the nominee and her contribution. Feel free to attach additional sheets if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name of Nominating Individual: _____

Address of Nominating Individual: _____

_____

Zip Code: _____ Telephone: _____

E-Mail of Nominating Individual: _____

Please return this form to **Assemblyman Tom McKevitt at 224 Seventh Street, 2nd Floor, Garden City, NY 11530.**

Nominations must be submitted on or before Friday, July 31st!