



# WOMEN of DISTINCTION

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2025

## You are Invited

to nominate a woman you know who is  
contributing to our quality of life.

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ASSEMBLYMAN  
**KEITH P. BROWN**  
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

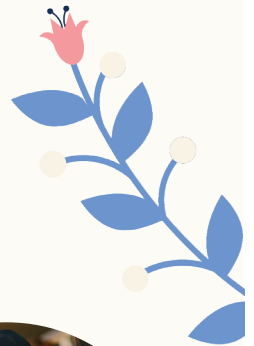
New York State Assembly  
Albany, NY 12248

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## Join Assemblyman Keith P. Brown

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in recognizing the contributions of the  
outstanding women in our community.  
Inside, nominate a woman you know by  
**Tuesday, September 30th** for this special recognition!



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**KEITH P. BROWN**  
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Assemblyman  
Keith P. Brown's  
**WOMEN OF  
DISTINCTION  
AWARD  
CEREMONY**

Please return this form to:  
Assemblyman Keith P. Brown  
6080 Jericho Turnpike  
Suite 310  
Commack, NY 11725

**You can also scan the QR code  
to fill out this nomination form  
online!**



**¡Escanee el código QR a  
continuación para completar  
este formulario de nominación  
en línea en español!**



Nominations must be  
submitted on or before  
**Tuesday, September 30th!**

For more information or questions  
concerning state government,  
please contact Assemblyman  
Keith P. Brown's District Office at:

6080 Jericho Turnpike  
Suite 310  
Commack, NY 11725  
(631) 261-4151  
brownk@nyassembly.gov



— ASSEMBLYMAN —  
**KEITH P. BROWN**  
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★



# WOMEN of DISTINCTION

2025

**\*\*\* NOMINEE MUST BE A RESIDENT OF THE 12TH ASSEMBLY DISTRICT \*\*\***

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_  
\_\_\_\_\_

ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email of Nominee: \_\_\_\_\_

I wish to nominate the above-named woman for Assemblyman  
Keith P. Brown'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 \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name : \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Email: \_\_\_\_\_