MS SOCETY OF CANADA, OTTAWA CHAPTER
AWARDS PROGRAM NOMINATION FORM

A. Nominee

Name:_____

Home Address:_____**Postal Code**_____

B. Awards Criteria

- Fundraising Excellence award
- Volunteer Excellence award
- Organization/Corporate Excellence award
- Outstanding Community Project award
- Outstanding Youth Award
- Certificate of Appreciation
- Top Fundraiser
    - Super cities Walks – Ottawa and Kanata
    - Residential
    - MS 150K Bike Tour
    - MS Golf Challenge
- Merit Certificates
- Service Pins

C. <u>Summary of Achievement</u>: Please attached a testimonial no longer than one page outlining how this candidate meets the criteria of the award she/he is nominated for.

D. Nominator Information:

_____ _____ _____

Name **Signature** **Phone #**

_____ _____

E-mail **Fax**

E. Award Decision: _____

Award Approved: _____ _____

Chair Signature **Date**

F. Award Presentation _____ _____

Venue **Date:**