



THE FOUNDATION
ASSISTING SENIORS

Nevada Senior Citizen of the Year Nominating Form

Your Name:

First Name: _____

Last Name: _____

Phone Number: _____

Your Job Title: _____

Nominee's Name:

First Name: _____

Last Name: _____

Address: Street: _____ City: _____

Zip: _____ Phone: _____

Nominee's Job Title: _____

Why do you feel this person deserves this award? *(Use extra pages, if needed)
