## Greater Springfield Interfaith Association Humanitarian of the Year Award

I nominate the following individual or organization to receive the Greater Springfield Interfaith Association's Humanitarian of the Year award:



Full name of individual or organization		
Street Address	City	Zip Code
Best contact # <u>of one nominating</u>	Faith Community to Which Nominee Belongs	
How long you've known nominee and in wha	t capacity	
Please list two other people who a	are acquainted with the nominee:	

Name

Best Contact #

**Relationship to Nominee** 

Best Contact #

Name

**Relationship to Nominee** 

Given the attached criteria, we encourage you to please attach an additional page to describe the reasons why you are nominating this person or organization for this award.

Signature of Person Making this Nomination

Date and Year of this submission

Please submit this Nomination Form by October 21st by sending it as a PDF to gsiasecretary@gmail.com