



# Nomination Form

## The Karen Wellington Foundation for LIVING with Breast Cancer

Date: \_\_\_\_\_

How did you hear about The Karen Wellington Foundation: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your relationship to Nominee: \_\_\_\_\_

I would like to nominate ~ Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_

When diagnosed \_\_\_\_\_

Medical journey: \_\_\_\_\_

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

**Please return to:**

KarenWellingtonFoundation@gmail.com  
Lisa Farrell, 5090 Bouchaine Way, Cincinnati, OH 45208