

# Wrangell Medical Center Foundation

## Janet Bunes Award

### Nomination Form

#### ***Nominating Individual***

This nomination is being made by: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

#### ***Nominated Individual/Organization***

The individual or organization that is being nominated for an award:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**In 500 words or less, please describe why this individual should be awarded the Foundation Award:**

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