



LACLEDE COUNTY
HOMETOWN HEROES
NOMINATION FORM
Ordinary People, Hometown Heroes



www.redcross.org/mo/springfield/heroes/nominate

All information fields must be completed.

APPLICATION DEADLINE: FEBRUARY 10, 2014

NOMINATOR INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: Day _____ Evening _____

NOMINEE INFORMATION: (Must be a resident of Laclede County.)

Name: _____ Occupation: _____

Address: _____ City: _____ Zip: _____

Phone: Day _____ Evening _____

Heroes make a difference in the lives of others. Tell us the story of YOUR Hero. We'll determine the category. Please include all necessary information and go into as much detail as possible to truly communicate to the selection committee why this nominee is so deserving.

NOMINATION STORY: Please state why you are nominating this candidate for a Hometown Heroes award.

Attach an extra page if needed.

Note: Winning heroes will be required to attend brief preparation sessions. Dates and times to be announced.

Forms may be:
Mailed To:
Chamber of Commerce
Hometown Heroes
P.O. Box 505
Lebanon, MO 65536

Dropped Off:
Chamber of Commerce
186 N. Adams
or
Any Central Bank Location
Attn: Merri Hess

Or Fax To:
Hometown Heroes
417-588-3251

Nominate Online:
www.redcross.org/mo/springfield/heroes/nominate