

A Giving Heart Nominee Information:

Name of Individual or Group _____

(If Group, Attach Job Description Roster)

Address _____ City _____

State _____ Zip code _____

Phone (home) () _____ (work) () _____

E-mail address _____

Please describe the extent of the nominees contribution (attach additional sheets, pictures, if necessary)

Submitted By

Name _____ Title _____

Office of _____ Division _____ Section _____

Address _____ City _____

State _____ Zip code _____

Phone ____ () _____

Email address _____

Please submit within 10 days after the end of the month to:

Melisa Allen

Volunteer/Events Coordinator

A Special Wish Foundation, Inc.

1250 Memory Lane

Columbus, OH 43209

614-258-3186 – Phone

614-528-3518 – Fax

mallen@spwish.org – E-mail

spwish.org - Website