

CELEBRATION OF HEROES

HERO NOMINATION FORM

Due by March 1, 2019

I would like to nominate (person, persons, Corp.): _____
Who lives at street address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

If nominating more than one person for the same act/impact, please complete this top portion only on a separate form for each person being nominated, then attach to this cover form.

In the category of:

- | | |
|--|---|
| <input type="checkbox"/> Community Impact | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Emergency Responder | <input type="checkbox"/> Military |
| <input type="checkbox"/> Firefighter | <input type="checkbox"/> 9-1-1 Dispatch |
| <input type="checkbox"/> Good Samaritan | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Education |

Date(s) the event took place (if applicable): _____

Please tell us why you feel the nominee is deserving of the Hero Award in this category/categories:

Please share a brief story of the event (if applicable) or an example of impact the nominee has made (include additional pages if needed): _____

How do you know the Hero nominee? _____

Who else is familiar with what was done?: _____

Submitted by: _____ Phone: _____ Email: _____

Please attach any news articles, letters, or commendation, etc. and send promptly to bill.grennell@redcross.org
For more information or questions contact Bill.Grennell@redcross.org or call 276.645.6650

Submit to Bill.Grennell@RedCross.org

- Or mail to -

HERO NOMINATION
American Red Cross
14298 Lee Highway
Bristol, VA 24202



American Red Cross