



Nomination Form

GREAT FRIENDS Who Need Our HELP!

Nominating Person: _____ **DATE:** _____

Nominee: _____

CAHS Class (Nominee) or Relatives Class: _____

Contact info of Nominating Person:

Address: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____ **Cell:** _____

Reason help is needed (be general but provide some detail): Use Back if necessary.

GOODS & SERVICES PAYEE(S): _____

Address: _____ **State:** _____ **ZIP:** _____

Contact: _____ **Phone:** _____

Please be advised we operate our disbursements under IRS Rules for 501c3 Non-Profit, and can only make checks payable for Goods or Services for Nominee. We are not allowed to issue checks to individuals.

For any Further Information Contact Dan Kravetz, (412)-605-2337 or Denise Gipson (412)-216-1972