



## Fischer-Smith Legacy Award Nomination Form

### Nominator Information

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Nominee Information

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please explain on the next page why your nominee should be the 2022 Fischer-Smith Legacy Award recipient based on the topics below. All submitted nominations must include a nominee narrative and one letter of support, authored by someone other than the nominator. You may attach additional information or supporting documents if desired.

- How long has this nominee served in the local community? How many people have been impacted through the generosity of your nominee? In what way?
- Summarize your nominee's story as a philanthropist. Include how she/he demonstrates her/his care about the Wiregrass community through giving. Provide examples of specific contributions.
- Describe how this person's giving has directly benefited the lives of area residents.
- How does this nominee set an example for us all? Give specific examples of how your nominee's actions encourage/ motivate other to be philanthropic.

Return this form, your nominee narrative and all supporting materials no later than 5pm on Friday, March 25, 2022 to the Southeast Health Foundation, 1806 Fairview Ave., Dothan, AL 36301 OR [sehealthfoundation@southeasthealth.org](mailto:sehealthfoundation@southeasthealth.org).

Southeast Health Foundation  
1806 Fairview Avenue  
Dothan, Alabama 36301  
334.673.4150

