



## 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 2024 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 others to be philanthropic.

Return this form, your nominee narrative, and all supporting materials no later than 5 pm on Friday, March 22, 2024 to the Southeast Health Foundation, 1922 Fairview Ave., Dothan, AL 36301 OR [sehealthfoundation@southeasthealth.org](mailto:sehealthfoundation@southeasthealth.org) .

Southeast Health Foundation  
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