2015 Everyday Heroes

~Nomination Form ~

I/we nominate the following individual(s) for the 2015 American Red Cross Everyday Hero Award. (If group is nominated, information must be provided on each individual in the group)

PLEA	SE TYPE OR PRINT LEGIBLY, AN	ND COMPLETE ENTIRE	FORM	
Name	:			
Name	e of parent/guardian (if nominee is you	nger than 18):		
Email	!			
Home Address:		City:		State:Zip:
Home	e Phone:	Work Phone:		Best time to call:
Empl	oyer/School Name:		Phone	e:
Addre	ess:	City:		State:Zip:
DE	SCRIPTION OF HERO	IC ACT		
PLE.	ASE ATTACH THE FOLLOW	JING:		
0	Name(s) of victim(s)	1110.		
0	Date of act(s) (Must have taken place between January 1 and December 31, 2014)			
	Any official agencies involved (police, fire, EMS)			
0				
0	Names, addresses and phone numbers of two (2) people whom we may call to verify the heroic ac			
0	Any news articles published about the heroic act(s) (Not required)			
ABO	OUT THE NOMINATO	R		
Name	»:			
Addre	ess:			
City:		s	tate:	Zip:
Phone	e (where you can be reached):		Best tir	ime to call:
Organ	nization you are representing (if any): _			
Relati	onship to hero:			

For more information about the Everyday Heroes Celebration, please call Sean Williams (989)754-8181

Please mail your nomination form to:

American Red Cross – Great Lakes Bay Chapter 1232 N. Michigan Avenue * Saginaw, MI 48602 or Fax to: (989) 754-8333