



NOMINATION FOR ACHIEVEMENT AWARD, AAUW BUFFALO BRANCH INC.

Nominator Name: _____

Organization: _____

Position: _____

Phone Number: _____ Email Address: _____

Nominee: _____

Organization: _____

Position: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Short Biography, including achievement in professional or field of work (use ONE additional sheet of paper if necessary):

Nominee: _____

Participation in AAUW Activities/Positions Held:

Community Service that has resulted in the well-being and advancement of city/community (use ONE additional sheet of paper if necessary):

I understand that I may be contacted for additional information on this nominee. I also understand that the final decision is reserved for the Award Committee of the AAUW Buffalo Branch.

Signed (Signature of nominator): _____

Date: _____

Please send nomination form and any other documentation to:

AAUW Buffalo Branch President, PO Box 894, Cheektowaga, NY 14225-0894