**The Children’s Foundation**

**Guardian Angel Award for Philanthropic Leadership**

**Nomination Form**

**Nominee Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Home Address** |  |
| **Business/Organization Name** |  |
| **Title** |  |
| **Business Address** |  |

**Nominator Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact Address** |  |
| **Daytime Phone** |  |
| **Email** |  |

**References**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to you** | **Contact email/phone** |
|  |  |  |
|  |  |  |

**Why should your nominee be the next TCF Guardian Angel?**

**Please list your nominees contributions to the community (philanthropy, volunteerism, special awards etc). Please be specific.**