

KAUKAUNA SERVICE ORGANIZATIONS LIFETIME ACHIEVEMENT NOMINATION

Name of Nominee:_____ Yr. Nominated:_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:(____)_____

Name of Nominating Organization:_____

Contact Person:_____

Telephone:(____)_____

Describe the nominee's involvement, dedication, and noteworthy accomplishments and how this nominee has impacted the quality of life of our community:

Please attach another sheet if necessary.