



## KAUKAUNA SERVICE ORGANIZATIONS LIFETIME ACHIEVEMENT NOMINATION

Name of Nominee: \_\_\_\_\_ Year 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).

