

**Secretary of State Terri Lynn Land's
Organ & Tissue Donation "Shining Star" Award
Nomination Form**

Honoring exceptional dedication, outstanding support, novel partnerships and/or extraordinary efforts in the area of organ and tissue donor awareness.

Please complete this form and include a short explanation of not more than 750 words describing the individual or organization being nominated. Please provide specific examples of their accomplishments. Include work achievements, resourcefulness and challenges met. (Feel free to attach supporting documentation.)

Date of Nomination:		
Nominee Information: (Name of Individual or Organization)		
Street Address:	Phone:	
City:	State:	ZIP:
Submitted by: (Name/Title)		
Organization:		
Street Address:	Phone:	
City:	State:	ZIP:
E-mail Address:		

I certify to the best of my ability the accuracy of the information provided in this nomination.

Signature: _____

Short Explanation (Not more than 750 Words)

