

SENIOR CITIZEN OF THE YEAR AWARD PROGRAM 2008		This Nomination Is For	(Please choose one) <input type="checkbox"/> Leadership <input type="checkbox"/> Service
Nominee's Name		Age	
Address			
City		State	Zip Code
E-mail Address		Telephone (include area code)	
Occupation (if retired, occupation prior to retirement)			
Can nominee receive award in person?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Nominating Organization		Name of Presiding Officer	
Signature of Presiding Officer			
Address			
City		State	Zip Code
E-mail Address			
Telephone (include area code)		Fax (include area code)	
Nomination form must be postmarked by July 7, 2008			
MAIL TO:			
Michigan Office of Services to the Aging Senior Citizen of the Year Award Program P. O. Box 30676 Lansing, MI 48909-8176			