



community foundation
St. Clair County

Nomination Form for Recognition Opportunities

Please check the appropriate category-

- Volunteer
- Grant Recipient
- Donor
- Organization
- Young Philanthropist
- Other _____

Contact Information of nominee:

Name: _____

Organization (if applicable) _____

Address: _____

Phone: _____ Email: _____

Please describe below why this person or organization should be recognized for their work with the Community Foundation of SCC:

(*if needed, use the back of this form for additional information.)

Nominating Party's Contact Information:

Name(s): _____

Organization/ Committee: _____

Phone: _____ Email: _____

Date of Nomination: _____

Please return to:

Tara Russel at the Foundation offices, 516 McMorran Blvd., Port Huron, MI 48060
Fax: 810/984-3394, Phone: 810/984-4761 or Email: tara@stclairfoundation.org