

NOMINATION FORM

NOMINEE INFORMATION

*All fields marked with an * are required*

*First Name: _____ *Last Name: _____

*Mailing Address: _____ *City: _____ *State: _____

Email Address: _____ *Telephone Number: _____

NON-PROFIT INFORMATION

(IF APPLICABLE)

Name of Non-profit: _____

Tax ID#: _____

Mailing Address: _____ City: _____ State: _____

Email Address: _____ Telephone Number: _____

Description of Non-profit Organization: _____

NOMINATOR INFORMATION

*First Name: _____ *Last Name: _____

*Mailing Address: _____ *City: _____ *State: _____

Email Address: _____ *Telephone Number: _____

*How long have you known the nominee? _____

*In what capacity do you know the nominee? _____

NOMINATION FORM

1. *Please explain why you believe this person should be recognized as a D.C. United Community Star. Be sure to include specific ways in which the individual demonstrates a commitment to better their community.

2. *What make the nominee unique and deserving of such recognition?

NOMINATION FORM

3. *In what ways has the nominee demonstrated a strong commitment to community service?

If faxed or mailed please submit nominations to:

D.C. United Community Stars
Attn: D.C. United Community Relations Department
2400 East Capitol St, SE
Washington, DC 20003
(202) 587-5400 (fax)