



Community Breast Cancer Nonprofit of the Year

INFORMATION ABOUT YOU.

Full Name (required):

Email Address (required):

Address:

City: State: ZIP:

Telephone:

INFORMATION ABOUT THE ORGANIZATION YOU ARE NOMINATING.

Name of Organization:

Address:

City: State: ZIP:

Telephone:

Website:

Founder, CEO or President:

Found, CEO or President Email:

Year Founded:

IRS approved 501c3 Pending IRS approval 501c3

What is the purpose of the organization? (In 500 words or less, describe how this organization serves on a community level.)

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PLEASE SUBMIT FORM TO BEVERLY VOTE:

beverly@breastcancerwellness.org or BCW Awards, P.O. Box 1228, Camdenton, MO 65020