

**NOMINATION FOR DISTINGUISHED SERVICE  
AWARD**

\_\_\_ Individual      \_\_\_ Organization      \_\_\_ Agency      \_\_\_ Program

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If different than above, name of contact person: \_\_\_\_\_

This award is given in public recognition to an individual, organization, agency, or program, which have most significantly contributed to empowering people with disabilities. In the space below, write a narrative describing some of the activities and/or events that have taken place for this nominee to be considered for this award. After completing this form mail it to MAMC PO Box 162 Fargo, ND 58107.

Signature of nominee: \_\_\_\_\_