

Outstanding Citizen Award

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If different than above, name of contact person: _____

The Metro Area Mayors Committee for People with Disabilities highest honor given to an individual in the metro area with a disability for outstanding achievement in the world of work and/or significant contributions that increase public awareness of people with disabilities. Please write a nomination letter describing the person, how they have coped with

Complete this form, attach the nomination letter and mail to:

MAMC
P.O. Box 162
Fargo, ND 58107.

Nominations must be postmarked or received by March 30th

Signature of nominee _____