

Distinguished Service Award

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 has significantly contributed to empowering people with disabilities. Please write a nomination letter that describes some of the activities and/or events that have taken place for this nominee to be considered for this award.

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 _____