



2015 NOMINATION FORM for OM CARE

Organization Name: _____

Community Mission: _____

Federal Tax ID Number: _____ 501c3 Organization or Equivalent? (if no, please explain):

Address: _____

Name and Title of Person Completing Nomination: _____

Nominator's Contact Phone and Email: _____

Candidate's Name: _____

Address: _____

Telephone and Email: _____

- 1) A photograph of the candidate has been emailed to info@omsanctuary.org with "OM Care and Candidate's Name" in subject line.
- 2) Please put OM Care and the candidate's name in the subject line and check yes here _____
- 3) Attach a statement about what the candidate has done through their work to create a positive ripple in our community and why we will all benefit from their opportunity for self care at OM? (limit this statement to 250 words).
- 4) Attach a copy of the Organization's IRS Tax Exempt Determination Letter.

You may attach any other additional data, anecdotes, etc. that you feel are pertinent to this nomination.

Signature of nominator with Date

**PLEASE MAIL THIS COMPLETED APPLICATION TO:
OM Care Application, OM Sanctuary, 87 Richmond Hill Drive, Asheville, NC 28806**