

Connie McAlister Breast Cancer Foundation

Recipient Nomination Form



If you would like to nominate someone for consideration as a recipient from the Connie McAlister Breast Cancer Foundation please fill out information below:

*******Before submitting this request*******

- 1) Is the person you are nominating currently diagnosed with breast cancer and undergoing treatment?
- 2) Does the nominee live in DeKalb County Indiana, or a surrounding **neighboring** county?

If yes to **both** questions, proceed with nomination form; please note that not all nominees may be selected as a recipient. We would love to help everyone, but the number of selected recipients is based off funds raised. Thank you!!

Your Name: _____

Your Phone Number: _____

Nominee Name: _____

Residing City of Nominee: _____

Please tell us about the nominee and their diagnosis:

Send completed form to conniemcalisterbcfoundation@gmail.com