

# NOMINATION FORM

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*person nominating: name*

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*email*

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*phone number*

## RELATIONSHIP TO GHCF

- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <input type="radio"/> Donor           | <input type="radio"/> Board           | <input type="radio"/> CFC               |
| <input type="radio"/> Advisor         | <input type="radio"/> Next Gen Alumni | <input type="radio"/> Family Foundation |
| <input type="radio"/> Self-nomination | <input type="radio"/> Other _____     |   |

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*nominee: name*

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*email*

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*phone number*

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*why are you nominating this person for the institute?*

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## PLEASE RETURN THIS FORM TO:

Anne Fried  
afried@ghcf.org  
fax:713-333-2220

*or*

Greater Houston Community  
Foundation Attn: Anne Fried  
5120 Woodway, Suite 6000  
Houston, Texas 77056

## QUESTIONS?

afried@ghcf.org  
713-333-5893