



OTTAWAY MEDAL AWARD NOMINATION FORM

Please complete this form for each individual/organization nominated.

Name: _____
Nominee's Full Name (add credentials)

Organization: _____

Home Address: _____

Phone: _____
Home Office

Email: _____

Nominated by: _____
Name Signature

Phone: _____ Email: _____ Date: _____

Does this individual live or work in Orange County or is the organization located in Orange County? _____

If the nominee is an individual, is he or she a sitting elected official? _____

Is the individual/organization compensated for this contribution to the community? _____

How has this individual/organization contributed to the betterment of Orange County?
(Please describe outstanding contributions to the community either through leadership, time, talent, or financially for at least a ten-year period. Feel free to add additional pages.)

Submit the completed nomination package to info@visionhudsonvalley.org or by hard copy to:

Vision Hudson Valley
PO Box 525
Sugar Loaf, NY 10981