

**NOMINATION FORM*****MSA Charitable Donation 2023***

Nominator Information:	
Name:	Department:
Role:	Email:
Contact person at the Community Organization:	
Name:	Telephone:
Role:	Email:

**CHARITABLE DONATION CRITERIA**

We are accepting *nomination letters* for your favourite community organization!

Do you have a favorite community organization serving the Hamilton area?

Do they have a health centered approach?

Would they benefit from a \$5,000 donation? If so, nominate them now!



## CALL FOR NOMINATIONS

**Why you think this local community organization should be nominated:** When writing your nomination please include all relevant details.

- a) Describe why you think this local community organization should be nominated, including examples (Max. of 250 words).** Examples could include how they serve Hamilton area, do they have health centered approach, how would they benefit from our donation etc.

- b) Tell us how you know this local community organization?**



<p><b>c) Anything else?</b> You can write any additional information here:</p>	
<p><b>Do you grant permission for your nomination letter to be released to PR following award notification of the recipient:</b></p> <p><b>Yes <input type="checkbox"/>    No <input type="checkbox"/></b></p>	
<p><b>E-signature of the Nominator:</b></p>	<p><b>Date Completed:</b></p>
<p><b>IMPORTANT NOTES:</b></p> <p><b>It is important that your nomination form address the established criteria and why you feel your community organization meets this criteria. Nominations will not be considered if the nomination form does not include this information.</b></p> <ul style="list-style-type: none"> <li>•Nominations can only be assessed based on the information provided. The more detail provided in the description, the better chances of winning an award.</li> <li>• Consent for media release will be sought from the community organization if they are selected to receive the award.</li> <li>•Upon closing of the nomination period, contact person provide at the community organization will be notified of the nomination and by whom they were nominated.</li> <li>•If you have questions or are having trouble completing the application form, please contact at <a href="mailto:msa@hhsc.ca">msa@hhsc.ca</a></li> </ul>	
<p><b>All nominations must be submitted by email or fax and include this nomination form.</b> Nomination form and supporting documents (if required) can be sent to: <a href="mailto:msa@hhsc.ca">msa@hhsc.ca</a>. In the subject line, please state <b><i>The MSA Charitable Donation 2023.</i></b></p> <p><b>HHS Medical Staff Association</b></p> <p>➤ Fax: 905-577-1479</p> <p>➤ Email: <a href="mailto:MSA@hhsc.ca">MSA@hhsc.ca</a></p>	
<p><b><u>FINAL SUBMISSION DEADLINE: March 10, 2023</u></b></p>	