WASHINGTON STATE GRANGE COMMUNITY SERVICE VOLUNTEER NOMINATION FORM

Nomination Made by	Grange No.		
Name of Individual/ Group Nominee_			
If Group, Name of Group Leader			
Mailing Address			
City			
Telephone _()	Email Address		
Describe the nominees involvement as	s a volunteer in community a	ctivities:	
Brief summary of why this person sho			

You may submit a photo of the individual/group being nominated. You may submit additional pages and include news clippings, pictures, and other supporting material. Nom inations may be sent at any time. April 15 is the cut off date for consideration for the current year's state award. Send nom inations to T om Gwin, State Grange Community Service Director, PO Box 993, Castle Rock, WA 98611.