



Nominee Application 2019

Information About You

First Name: _____ Last Name: _____
Home Phone: _____ Cell Phone: _____ Best Time to call: _____
Email: _____

Information About Your Nominee

First Name: _____ Last Name: _____
Address: _____ City: _____ State: ___ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____

How do you know the Nominee? _____

Does the Nominee know you are nominating them? _____

Is the Nominee employed? _____ Is Nominee still working? _____

Nominee Appox. Age: ___ Nominee Marital Status: ___ If married, spouse's first name: _____

Is spouse employed? _____ Does the Nominee have dependent children? _____

Does Nominee have Health Insurance? _____ Is Nominee currently receiving treatment? _____

Date of original diagnosis: _____ May we contact the Nominee? _____

Is the Nominee a legal US resident? _____

Has the nominee had previous fundraisers on their behalf? _____ If so what was the date of
the last event? _____

Tell us why you believe this person should be considered by Ride for Hope Committee as a potential recipient of financial assistance due ovarian cancer. Please tell us their story, hardships, help us get to know them. Feel free to use an additional sheet of paper. Please email this form and additional paper to: ocrideforhope2015@gmail.com

Ride for Hope Ovarian Cancer Awareness takes seriously the trust you place in us.

Thank you for your nomination

Ride for Hope is a 501(c)(3) corporation registered in the State of Illinois #47-3872434