



# Nominee Application 2024

We need your help. We are looking for local women to be nominated who have ovarian cancer and have financial hardships to receive a donation from the 2024 Ride for Hope Motorcycle Ride and Party. If you know of anyone who may benefit from our charity, please pass this on.

## 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