



# Nomination Form

## Who is making this nomination?

I/we would like to nominate:

**DATE:**

Business Name:

Address:

Owner/Operator:

Phone:

Is the nominee aware you are making this nomination? *(please circle)* YES NO

Tell us what this business has done to meet the nomination criteria

Include information such as:

- *How long the nominee has been supporting your cause*
- *How their support has made a difference*
- *Whether they support other causes*

## Who is making this nomination?

Name of organization or individual:

Phone:

Email:

**Submit nominations to:**  
Community Spirit Award  
City of Spruce Grove  
315 Jespersen Avenue  
Spruce Grove, AB T7X 3E8  
**Email:** [invest@sprucegrove.org](mailto:invest@sprucegrove.org)