

Arkansas Community Service Awards Corporate Nomination Form

Please check one of the following:

_____ **For profit business with 100 or less employees**

_____ **For profit business with 101 or more employees**

NOMINEE:

(Name of Corporation) _____

Address: _____

City: _____ Zip Code: _____ County: _____

Contact Person/Title: _____

Phone: _____ Fax: _____

Email: _____

NOMINATOR: _____

Title and Organization: _____

Address: _____

Email: _____

City: _____ Zip Code: _____

Office Phone: _____ Home Phone: _____

Signature of Nominator Date