

# Nomination for Naming Building or Facility

Building or Facility Considered for Naming:

Date:

Recommended Name:

## Monetary Gift

Has this individual made a monetary gift for this building or facility?

- Yes, Amount = \$ \_\_\_\_\_ Date of Gift: \_\_\_\_\_
- No

## Service to College

Has this individual performed extensive and exemplary service to the College over a significant period of time?

- Yes Length of Service: \_\_\_\_\_ years
- No

If Yes, Please Describe Service: (Attach supporting documentation)

## Contact Information of Nominator

Name of Nominator:

Address:

City, State

Zip Code

Home Phone:

Cell Phone:

Business Phone:

E-mail Address:

## OFFICE USE ONLY

Date Received:

Disposition:

Copies to Board: