

CAGP • ACPDP™

CANADIAN ASSOCIATION OF GIFT PLANNERS
ASSOCIATION CANADIENNE DES PROFESSIONNELS EN DONS PLANIFIÉS

2010 FRIEND OF CAGP • AMI DE L'ACPD

Nomination Form

Date: _____

Nominee: _____ Phone: _____

Title: _____ Email: _____

Organization: _____

Fax: _____

Nominator: _____ Phone: _____

Fax: _____ Email: _____

Signature of Nominator: _____

Please provide a 100 word biography of the person you are nominating as well as a 100 –200 word statement as to why the nominee should be considered for a Friend of CAGP • ACPDP™.

Nomination Checklist

Have you included (please check):

- 100-word biography
- 100-200-word statement
- Completed nomination form

Please confirm:

- The Nominee is a member in good standing (*if unsure, call the CAGP • ACPDP™ office*)

Please submit this form, by **February 12, 2010** to the CAGP • ACPDP™ National office at:

CAGP • ACPDP™
325 Dalhousie St, Suite 201
Ottawa, ON K1N 7G2
Tel: 613-232-7991, 1-888-430-9494
Fax: 613-232-7286
education@cagp-acpdp.org

If you would like confirmation that this form has been received, please Sharyon smith the CAGP • ACPDP™ office at 888-430-9494, Ext. 2

OFFICE USE ONLY: Biography _____ Experience _____ Status – Nominee _____
Date Received : _____ Form Chk _____ Initial _____