**Betsy Mulliken Award for Philanthropy**

The purpose of this award is to honor a community member(s) who have made an impact in our community through volunteerism or philanthropy. It is named after the late Betsy Mulliken who served as Executive Director of the Fremont Area Community Foundation from 1998-2006 and shared a strong commitment of giving back to the Fremont area.

**Award Criteria:**

* Activities for which the recipient is being recognized must directly benefit the Fremont area and its citizens.
* The recipient’s service must be voluntary.
* The recipient cannot be a current member of the Fremont Area Community Foundation Board of Directors or staff.
* The recipient must be someone who has distinguished him/herself as a philanthropic leader whether through volunteerism, financial resources or both.
* The award may be given to an individual, family or company and can be awarded posthumously.
* The recipient will be selected by the Executive Committee and approved by the Board of Directors of the Fremont Area Community Foundation.

**Deadline: September 12, 2022!**

The Board will approve the selection and the winner will be announced at the November 2022 Annual Dinner of the Fremont Area Community Foundation.

**Nomination Form:**

Name of Nominee (Individual, family or company):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities for which the nominee should be recognized most directly benefiting the Fremont area and its citizens (you may attach a separate narrative no more than one page double spaced):

Please list the ways the nominee has distinguished him/herself as a philanthropic leader, volunteer, or financial contributor to the community (you may attach a separate narrative no more than one page double spaced):

Name of person nominating:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I would like to remain anonymous to the nominee.