

**PACE Giftee Nomination Form**

*Information of Person Filling Out the Form*

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| --- | --- |
| Name |  |
| City of Residence |  |
| Contact Number |  |
| Email |  |

*Information of Nominee*

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| --- | --- |
| Name |  |
| City of Residence |  |
| Contact Number *(optional)* |  |
| Email *(optional)* |  |

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| 1. Why do you think your Nominee deserves to be gifted? *(This could be because of their personality, or activities that they have done in community. You could also mention any illness or disability that Nominee has been struggling with that requires awareness)* |
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| 1. How do you think the monetary gift would benefit your Nominee? What do you think they could use the gift for? *(This could be to acquire an equipment, medication, education, etc.)* |
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| 1. In your opinion, what other kinds of help would your Nominee benefit from? *(This could be food deliveries, referral services, respite care, acknowledgement, etc.)* |
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*\*\*\*All information in this document is confidential. This will not be published by PACE administration and will be kept for evaluation only. Once you have submitted your entry, please allow 5-7 business days for PACE administration to evaluate your entry and they will contact you through email.*