

## HARRIETT GRIFFIN AWARD

Return this form to:

email to: tagsawardnominations@gmail.com

## **CRITERIA:**

This award is presented to an individual or group who demonstrates excellence in public policy regarding older adults.

| NOMINEE:         |        |  |
|------------------|--------|--|
| Name             |        |  |
|                  |        |  |
|                  | email: |  |
| Current Position |        |  |
| YOUR NAME:       |        |  |
| Name             |        |  |
| Address          |        |  |
|                  | email: |  |
| Current Position |        |  |
| Signature        | Date   |  |

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| REASON FOR NOMINATION: (Use additional sheet if needed) |  |  |
|---|--|--|
| Name of Nominee:  |  |  |
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