

I wish to nominate:

Her Address:

Her Telephone Number:

Her Email Address:

Please note that if the nominee is chosen as a finalist we will inform her directly.
If you would prefer to contact the nominee please state

Y N

YOUR DETAILS:

Name:

Address:

Telephone Number:

Home:

Mobile:

Email:

Some of the content of your nomination will be noted in the event programme.
Please note we may wish to discuss your nomination further. The nominee
sometimes asks 'Who nominated me?' Are you happy for us to disclose your
details

Y N

To nominate this person please complete this form and return it to:

Rossendale Hospice
New Cribden House
Rossendale PHCC
161 Bacup Road
Rossendale
BB4 7PL
Tel: 01706 253633 opt 3
email: sam.morris@rossendalehospice.org

ROSSENDALE HOSPICE

Proudly presents:

ROSSENDALE
Woman
OF THE YEAR
2 0 1 7

Do you know someone who
deserves this title?

NOMINATION FORM



Integrated Health
Care Centre

Registered Charity No. 1008228

