



BESTOWER FOUNDATION ®

Spend out of what Lord has provided for you seeking His pleasure alone

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NOMINATION FORM FOR "PATIENT PERSON OF THE YEAR" GRANT

NOMINEE

First Name:		Last Name:	
Phone:		District & Country:	
Monthly Income:		Highest \$ Ever Own:	

NOMINATOR

First Name:		Last Name:	
Phone:		Email:	

QUESTIONNAIRE & REFERENCES

A. Please tell us how you know the nominee? Describe at least one incident that motivated you to submit this nomination. Describe reasons why the nominee should receive this grant.

B. Provide three non-relative references who know the nominee and his family very well.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

SIGNATURE OF THE NOMINATOR

I do hereby certify that above information is correct and true and my nominee is unprivileged and Zakat eligible.

NOTE: To sign this form electronically, please type your first name and last name within forward slash (e.g. /ABDUR RAHMAN/, wherein ABDUR is first name and RAHMAN is last name)

Signature:		Date:	
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