

**Tri- County Osteopathic Medical Association
Charitable Award Nomination Form**

My name: _____

My Address: _____

City: _____ **State:** _____ **Zip:** _____

My Phone: ☐ Cell ☐ Home ☐ Office: _____

My Email: _____

Member Status: ☐ Active ☐ 1st yr. practice ☐ Retired ☐ Life Professional

☐ Student ☐ Resident ☐ Intern ☐ Fellow ☐ Non-Member

County: ☐ Oakland ☐ Macomb ☐ Wayne

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Nomination Timing: ☐ Spring ☐ Summer ☐ Fall

I nominate: _____

Charity Contact: _____

Charity Address: _____

City: _____ **State:** _____ **Zip:** _____

Charity Contact Phone: ☐ Cell ☐ Home ☐ Office: _____

Charity Contact Email: _____

Why is this charity qualified or deserving of this award? _____

How are you involved with this charity?

Complete and return to cearles@domoa.org or mail to: OCOMA PO Box 112, Rockwood MI 48173.